

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**Operator**

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

5. Lease Serial No.  
NMNM90161

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

7. If Unit or CA/Agreement, Name and/or No.  
NMNM120042X

8. Well Name and No.  
WEST BLINEBRY DRINKARD UNIT 183

9. API Well No.  
30-025-43780

10. Field and Pool or Exploratory Area  
EUNICE; B-T-D, NORTH

11. County or Parish, State  
LEA COUNTY COUNTY, NM

1. Type of Well  
 Oil Well  Gas Well  Other: INJECTION

2. Name of Operator  
APACHE CORPORATION  
Contact: REESA FISHER  
E-Mail: Reesa.Fisher@apachecorp.com

3a. Address  
303 VETERANS AIRPARK LANE SUITE 3000  
MIDLAND, TX 79705

3b. Phone No. (include area code)  
Ph: 432-818-1062

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 8 T21S R37E SESW 730FSL 2215FWL

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Production Start-up
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Apache completed this well, as follows: RR 5/15/2017 (WFX → 970

- 6/09/2017 MIRUSU Tag cmt @ 6842'.
- 6/12/2017 Log - TOC @ Surface.
- 6/13/2017 Perf Drinkard @ 6678'-6791' w/2 SPF, 154 shots. Test good to 500#.
- Acidize Drinkard w/10,000 gal 15% HCL NEFE acid.
- 6/14/2017 RIH w/equip & 204 jts 2-3/8" J-55 IPC tbg, set packer @ 6625'.
- 6/15/2017 Test held 30 min @ 500#.
- Prep to lay injection line & begin injection at a later date.
- 6/21/2017 Ran OCD witnessed MIT; chart attached. Ready to inject, pending injection Order.

RECEIVED

SEP 11 2017

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #385043 verified by the BLM Well Information System  
For APACHE CORPORATION, sent to the Hobbs  
Committed to AFMSS for processing by JENNIFER SANCHEZ on 08/31/2017 (j)

Name (Printed/Typed) REESA FISHER Title SR STAFF REGULATORY ANALYST

Signature (Electronic Submission) Date 08/17/2017

ACCEPTED FOR RECORD

SEP 6 2017

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By \_\_\_\_\_ Title \_\_\_\_\_

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. Office \_\_\_\_\_

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**State of New Mexico  
 Energy, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office**

**BRADENHEAD TEST REPORT**

Operator Name <b>APACHE CORP</b>		API Number <b>30-025-43780-0000</b>
Property Name <b>WBDU</b>		Well No. <b>183</b>

**7. Surface Location**

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
N	8	21-S	37-E	730	S	2215	W	LEA

**Well Status**

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="radio"/> NO <input checked="" type="radio"/>	YES <input type="radio"/> NO <input checked="" type="radio"/>	<input checked="" type="radio"/> INJ <input type="radio"/> SWD	OIL <input type="radio"/> GAS <input type="radio"/>	6-21-17

**OBSERVED DATA**

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	0	—	—	0	0
<b>Flow Characteristics</b>					NOT INS
Puff	Y/ <input checked="" type="radio"/>	Y/N	Y/N	Y/ <input checked="" type="radio"/>	CO2 _____
Steady Flow	Y/ <input checked="" type="radio"/>	Y/N	Y/N	Y/ <input checked="" type="radio"/>	WTR _____
Surges	Y/ <input checked="" type="radio"/>	Y/N	Y/N	Y/ <input checked="" type="radio"/>	GAS _____
Down to nothing	<input checked="" type="radio"/> /N	Y/N	Y/N	<input checked="" type="radio"/> /N	If applicable type
Gas or Oil	Y/ <input checked="" type="radio"/>	Y/N	Y/N	Y/ <input checked="" type="radio"/>	fluid injected for
Water	Y/ <input checked="" type="radio"/>	Y/N	Y/N	Y/ <input checked="" type="radio"/>	Waterflood

Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature:	<b>OIL CONSERVATION DIVISION</b>
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: 6-21-17	Phone:
Witness: KERRY FORTNER-OCD 575-399-3221	

