

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD
Hobbs

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.

HOBBS OCD
SEP 19 2017
RECEIVED

5. Lease Serial No.
NMNM90161

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on page 2

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 Production Start-up
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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-)

- 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.

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 ()**

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.

(Instructions on page 2)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

[Handwritten signature]

Additional data for EC transaction #385043 that would not fit on the form

32. Additional remarks, continued

WO Injection Order

MIDNIGHT

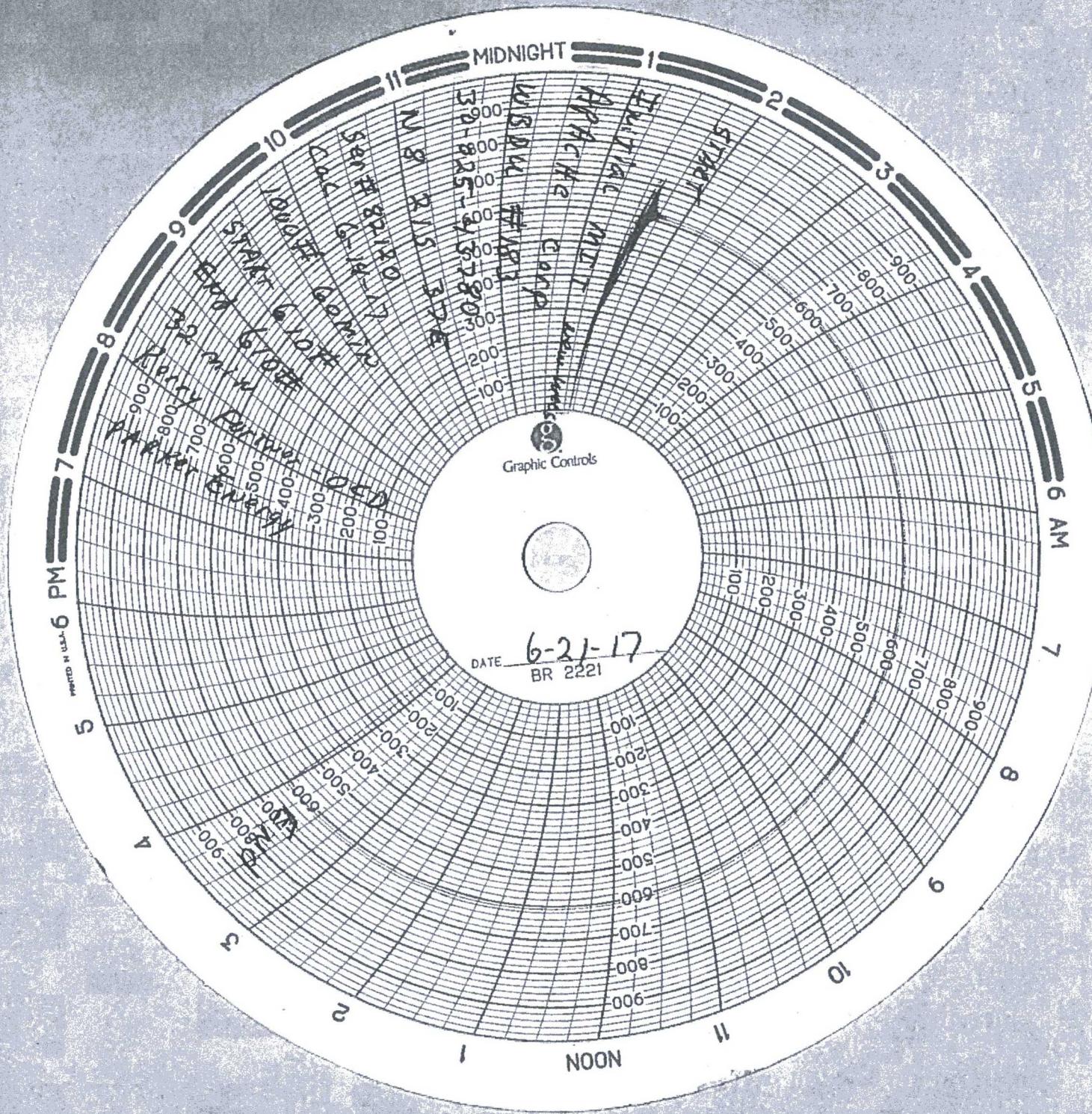
Graphic Controls

DATE 6-21-17
BR 2221

PRINTED IN U.S.A. 6 PM

6 AM

NOON



District I
 1625 N. French Dr., Hobbs, NM 88240
 Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

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

Surface Location

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

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

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	—	—	0	0
Flow Characteristics					NOT INS
Pull	Y/S	Y/N	Y/N	Y/S	CO2 _____
Steady Flow	Y/S	Y/N	Y/N	Y/S	WTR _____
Surges	Y/S	Y/N	Y/N	Y/S	GAS _____
Down to nothing	S/N	Y/N	Y/N	S/N	If applicable type
Gas or Oil	Y/S	Y/N	Y/N	Y/S	fluid injected for
Water	Y/S	Y/N	Y/N	Y/S	Waterflood

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

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