

Submit 1 Copy To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 October 13, 2009

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

HOBBS OCD
RECEIVED
MAR 26 2018

WELL API NO. 30-025-05925
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name L M Lambert
8. Well Number 1
9. OGRID Number 873
10. Pool name or Wildcat Eumont Yates 7RQ
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Apache Corp.

3. Address of Operator
P O box Drawer D Monument NM 88265

4. Well Location
 Unit Letter B : 330 feet from the N line and 2310 feet from the E line
 Section 6 Township 20S Range 37E NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: TA TEST <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

MEET OCD REP. KERRY FORTNER ON LOCATION.
 OPEN SURFACE CASING VALVE AND OBSERVE PUFF THAT BLOW DOWN TO NOTHING. MONITOR DURING TEST.
 RU MACLASKEY PUMP TRUCK AND CHART RECORDER.
 PRESSURE UP ON CASING TO 560# FOR 32 MINUTES AND RECORD TEST ON CHART.
 ENDING PRESSURE 560#. NO LOSS OR GAIN. SURFACE CASING NEUTRAL DURING TEST.
 RELEASE PRESSURE AND RD MACLASKEY.
 REQUEST EXTENION FOR TA STATUS.

This Approval of Temporary Abandonment Expires 3/23/2020

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Joel Sisk TITLE SR. PUMPER DATE 3/23/2018

Type or print name JOEL SISK E-mail address: joel.sisk@apacheccorp.com PHONE: 575-441-0793

For State Use Only

APPROVED BY: Mary Brown TITLE AO/II DATE 3/28/2018
 Conditions of Approval (if any):

RBDMS-CHART - ✓

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 30-025-05925
Property Name L M LAMBERT		Well No. 001

7. Surface Location

UL - Lot B	Section 6	Township 20S	Range 37E	Feet from 330	N/S Line N	Feet From 2310	E/W Line E	County Lea
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Well Status

<input checked="" type="checkbox"/> YES TA'D WELL NO	<input checked="" type="checkbox"/> YES SHUT-IN NO	INJ	INJECTOR	SWD	OIL	PRODUCER <input checked="" type="checkbox"/> GAS	DATE 3-23-19
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csgng	(E)Tubing
Pressure	0	—	—	0	0
Flow Characteristics					TA
Puff	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	WTR <input type="checkbox"/>
Surges	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Type of Fluid
Gas or Oil	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Injected for
Water	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Waterflood if applies

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: 3-23-18	Phone:
Witness: Kerry Fortner - OCD	

399-3221

INSTRUCTIONS ON BACK OF THIS FORM