

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Carlsbad Field Office
W.D. Hobbs

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.

Case Serial No.
NMNM125057

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

7. Lease or CA/Agreement, Name and/or No.
NMNM112723X

1. Type of Well

Oil Well Gas Well Other: INJECTION

MAY 29 2018

8. Well Name and No.
EAST BLINEBRY DRINKARD UNIT 22

2. Name of Operator
APACHE CORPORATION

Contact: REESA FISHER
E-Mail: Reesa.Fisher@apachecorp.com

RECEIVED

9. API Well No.
80-025-06528

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

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

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 11 T21S R37E SESE 660FSL 330FEL

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

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 Workover Operations
	<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 proposes the attached conformance procedure and WBD's to workover this injection well. (EBDU Waterflood Project Case 13503 R-12394)

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL.**

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

**Electronic Submission #405833 verified by the BLM Well Information System
For APACHE CORPORATION, sent to the Hobbs
Committed to AFMSS for processing by PRISCILLA PEREZ on 03/12/2018 ()**

Name (Printed/Typed) REESA FISHER

Title SR STAFF REGULATORY ANALYST

Signature (Electronic Submission)

Date 02/27/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By Mustafa Hague

Title Engineer

Date 05/24/2018

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 CFO

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 ****

MJB/ocd 5/31/2018

East Blinebry Drinkard Unit (EBDU) #22W

API No. 30-025-06528

Proposed conformance procedure to workover this injection well

1. MIRU PU. Blow down the well and kill as needed. ND WH. NU BOP. Release the injection packer and TOH with the injection tubing and packer.
2. PU and TIH with 2-7/8" work string and bit to PBTD at 5,897'. TOH with work string and bit.
3. MIRU WL truck. Perforate additional Blinebry pay as needed to be in conformance with offset Blinebry producers. POH with wire line and RDMO WL truck.
4. TIH with treating packer and work string. Set packer at ~50' above the top Blinebry perforation. MIRU stimulation equipment. Acidize the Blinebry using graded rock salt as a diverting agent. Leave the well shut in for 3 hours. Release the treating packer and wash out any salt. TOH with work string and treating packer.
5. TIH with injection packer, profile nipple, on/off tool and work string. Set injection packer ~50' above the top Blinebry perforations. Drop blanking plug and seat in profile nipple. Release from the injection packer. TOH & LD work string.
6. TIH with existing injection tubing with on/off tool. Circulate packer fluid and latch onto injection packer. ND BOP. NU WH. Pressure test the casing to 500 psig for 30 minutes.
7. Schedule and run a MIT for the NMOCD. Turn well to injection.

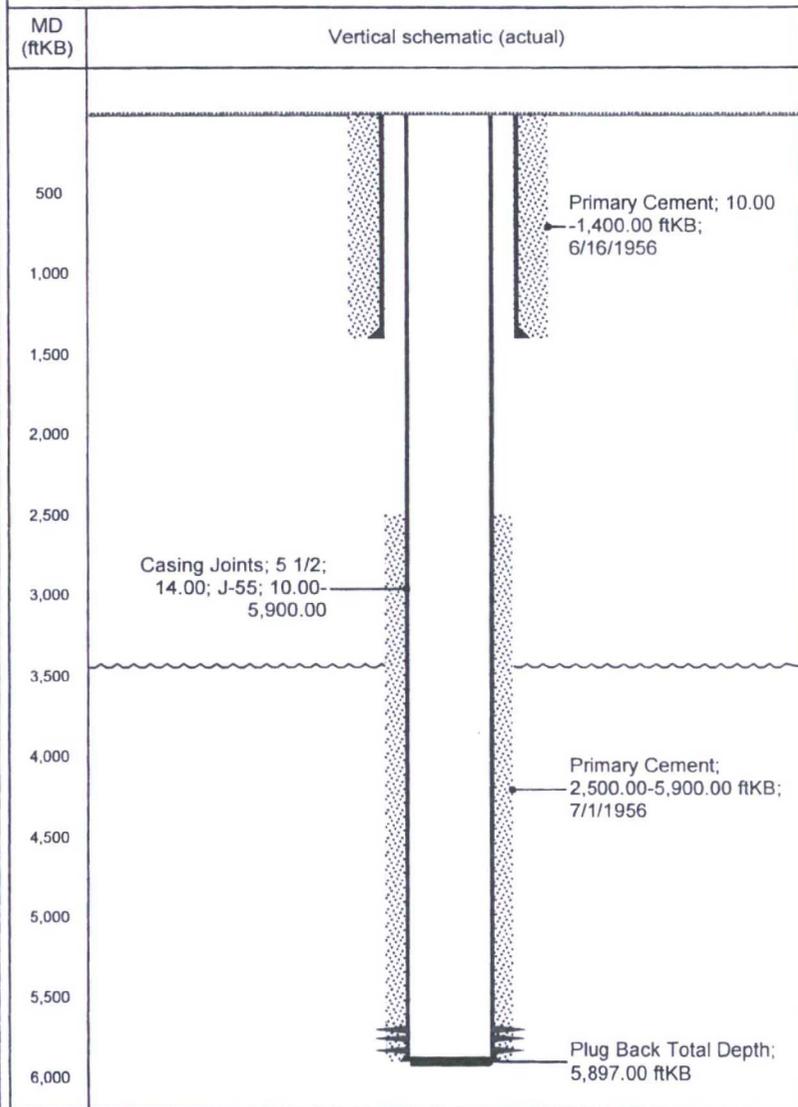


Existing

Well Name: EBDU 22W

Legal Well Name EAST BLINEBRY DRINKARD UNIT 022W		Common Well Name EBDU 22W		Wellbore API/UWI (API 12 Digits) 3002506528	
Ground Elevation (ft) 3,429.0	Original KB Elevation (ft) 3,439.0	Surface Legal Location 660' FSL, 330' FEL, Unit P, Sec 11, T-21S, R-37E	PBTD (All) (ftKB) Original Hole - 5,897	Total Depth (ftKB) 5,900.0	

Injection - LOCKHART /B-11/ #13-11 - Original Hole, 2/26/2018 11:15:48 AM



Current Wellbore Sections				
Section Des	Size (in)	Act Top (ftKB)	Act Btm (ftKB)	Start Date
Surface	12 1/4	10.0	1,400.0	6/15/1956
Prod 1	7 7/8	1,400.0	5,900.0	7/1/1956

Existing Casing				
Csg Des	OD (in)	Wt (lb/ft)	Grade	Set Depth (ftKB)
Surface	8 5/8	24.00	J-55	1,400.00
Prod 1	5 1/2	14.00	J-55	5,900.00

Existing Cement				
String	Des	Top (ftKB)	Btm (ftKB)	Top Meas Meth
Surface, 1,400.00ftKB, 8 5/8	Primary Cement	10.00	1,400.00	Returns at Surface
Prod 1, 5,900.00ftKB, 5 1/2	Primary Cement	2,500.00	5,900.00	Estimated
Prod 1, 5,900.00ftKB, 5 1/2	Cement Plug	5,897.00	5,900.00	Tag

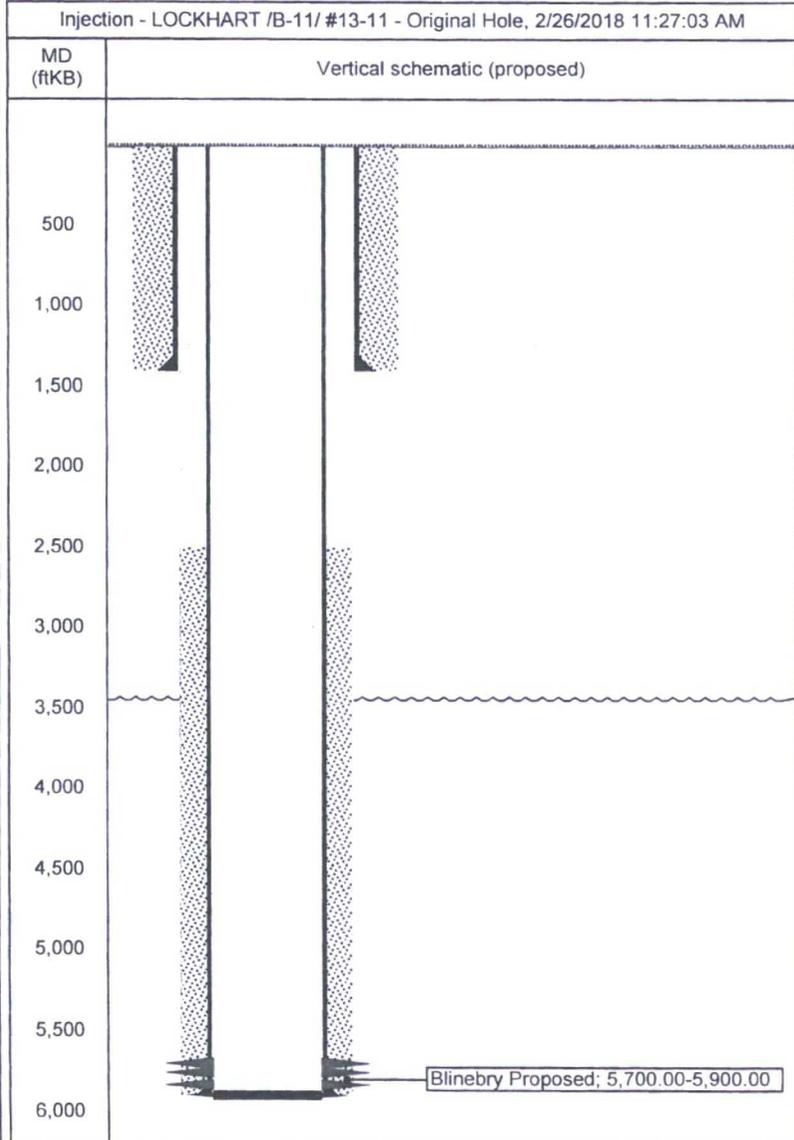
Existing Perforations				
Type	Top Depth (ftKB)	Bottom Depth (ftKB)	Shot Density (shots/ft)	Entered Shot Total
Blinebry	5,704	5,741	4.0	152
Blinebry	5,756	5,798	4.0	172
Blinebry	5,829	5,883	4.0	220



Proposed

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Proposed Perforations				
Type	Top Depth (ftKB)	Bottom Depth (ftKB)	Shot Density (shots/ft)	Entered Shot Total
Blinebry Proposed	5,700	5,900	1.0	

Conditions of Approval

**Apache Corporation
East Blinebry Drinkard Unit 22
API 3002506528
May 24, 2018**

1. Notify BLM 575-361-2822 before plug back procedures. The procedures are to be witnessed.
2. Surface disturbance beyond the existing pad must have prior approval.
3. Casing added or replaced requires a prior notice of intent (BLM Form 3160-5) approval of the design.
4. Closed loop system required. 2000 2M BOP to be used. All blowout preventer (BOP) and related equipment (BOPE) shall comply with reasonable well control requirements. A two ram system with a blind ram and a pipe ram designed for the work string shall be adequate. Tapered work strings will require an additional pipe ram.

Remedial work needs to be done on 5 ½" casing in order to bring cement to surface.

Well with a Packer - Operations

- 1) Conduct a Mechanical Integrity Test of the tubing/casing annulus after a tubing, packer or casing seal is established. Repair that seal any time more than five barrels of packer fluid is replaced within 30 days.
 - a) The minimum test pressure should be 500 psig for 30 minutes, with 200 psig differentials between tubing and casing pressure (at test time) but no more than 70% of casing burst pressure as described by Onshore Order 2.III.B.1.h. (The tubing or reservoir pressure may need to be reduced). An alternate method for a BLM approved MIT is to have the fluid filled system open to atmospheric pressure and have a loss of less than five barrels in 30 days witnessed by a BLM authorized officer.
 - b) Document the pressure test on a calibrated recorder chart registering within 25 to 85 per cent of its full range. Greater than 10% pressure leakoff will be viewed as a failed MIT. Less than 10% pressure leakoff will be evaluated site specifically and may restrict injection approval.
 - c) At least 24 hours before the test in Eddy County call: phone 575-361-2822 and in Lea County call: phone 575-393-3612. Note the contact notification method, time, & date in your subsequent report.
 - d) Submit a subsequent Sundry Form 3160-5 relating the MIT activity. Include a copy of the recorded MIT pressure chart. List the name of the BLM witness, or the notified person and date of notification. NMOCD is to retain the original recorded MIT chart.