

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1111
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87400
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBBS
JUL 20 2018
RECEIVED

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

WELL API NO. 30-025-07767
5. Indicate Type of Lease STATE [ ] FEE [x]
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Blankenship [303209]
8. Well Number 035 2
9. OGRID Number 873
10. Pool name or Wildcat Pdk/96190;Bli/33225;Tubb/78760;Drk/33250

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 [x] Other Injection [ ]
2. Name of Operator Apache Corporation
3. Address of Operator 303 Veterans Airpark Lane, Suite 1000 Midland, TX 79705
4. Well Location Unit Letter L : 2075 feet from the South line and 555 feet from the West line
Section 12 Township 20S Range 38E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3557' GL

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

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [ ] PLUG AND ABANDON [ ]
TEMPORARILY ABANDON [ ] CHANGE PLANS [ ]
PULL OR ALTER CASING [ ] MULTIPLE COMPL [ ]
DOWNHOLE COMMINGLE [ ]
CLOSED-LOOP SYSTEM [ ]
OTHER: [ ]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [ ] ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ] P AND A [ ]
CASING/CEMENT JOB [ ]
OTHER: ANNUAL TESTING [x]

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.

Apache performed the required testing for this well 6/14/2018, witnessed by the OCD. Passing chart attached.

Spud Date: 9/1/1957

Rig Release Date: 10/12/1957

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

SIGNATURE Reesa Fisher TITLE Sr. Staff Reg Analyst DATE 7/12/2018

Type or print name Reesa Fisher E-mail address: Reesa.Fisher@apachecorp.com PHONE: (432) 818-1062

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 7/24/18
Conditions of Approval (if any): Supervisor



**JUL 20 2018**

**RECEIVED**

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**

<b>APACHE Corp</b>		Operator Name	API Number	
<b>Blankenship</b>		Property Name	30-025-07767	
			Well No.	
			002	

**7. Surface Location**

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
L	12	20-S	38-E	2075	S	555	W	LEA

**Well Status**

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/>	OIL <input type="checkbox"/> GAS <input type="checkbox"/>	6-14-18

**OBSERVED DATA**

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csgng	(E)Tubing
Pressure	0			0	1800
<b>Flow Characteristics</b>					
Puff	<input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> N	Y / N	Y / N	<input checked="" type="checkbox"/> N	If applicable type
Gas or Oil	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	fluid injected for
Water	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	Waterflood

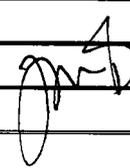
Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

MIT

MacLiskey

ser# 0733

cal 3-28-18

Signature:		<b>OIL CONSERVATION DIVISION</b>	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: 6-14-18	Phone:		
Witness: Kerry Fortner. OCD			

399-3221