

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**HOBBS OCD**

**AUG 06 2018**

**RECEIVED**

**Carlsbad Field Office**  
**OCD Hobbs**

Serial No.  
NMNM125057

**SDNDRY 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.**

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.  
NMNM112723X

1. Type of Well  
 Oil Well  Gas Well  Other

8. Well Name and No.  
EAST BLINEBRY DRINKARD UNIT 15

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

9. API Well No.  
30-025-06527-00-S1

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  
DRINKARD  
EUNICE

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

11. County or Parish, State  
LEA COUNTY, NM

**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 checked="" 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 type="checkbox"/> Other
	<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 performed the required testing for this well 6/13/2018, witnessed by the OCD. Passing chart attached.

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

**Electronic Submission #427855 verified by the BLM Well Information System  
For APACHE CORPORATION, sent to the Hobbs  
Committed to AFMSS for processing by PRISCILLA PEREZ on 07/23/2018 (18PP1499SE)**

Name (Printed/Typed) REESA FISHER

Title SR STAFF REGULATORY ANALYST

Signature (Electronic Submission)

Date 07/18/2018

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

**ACCEPTED FOR RECORD**

Approved By Kenny Fortner - OCD

Title JUL 25 2018

Date 8-10-18

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 of BUREAU OF LAND MANAGEMENT /s/ Jonathon Shepard  
CARLSBAD FIELD 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)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***



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>30-025-06527</b>
Property Name <b>EBDU</b>		Well No. <b>015</b>

**Surface Location**

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<b>A</b>	<b>11</b>	<b>21-S</b>	<b>37-E</b>	<b>330</b>	<b>N</b>	<b>330</b>	<b>E</b>	<b>LEA</b>

**Well Status**

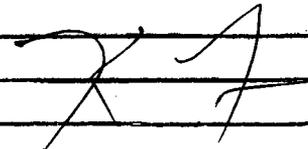
TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="radio"/> NO <input checked="" type="radio"/>	YES <input type="radio"/> NO <input checked="" type="radio"/>	INJ <input checked="" type="radio"/> SWD <input type="radio"/>	OIL <input type="radio"/> GAS <input type="radio"/>	<b>6-13-18</b>

**OBSERVED DATA**

	(A) Surf-Intern	(B) Intern(1)	(C) Intern(2)	(D) Prod Casing	(E) Tubing
Pressure	0	0	✓	0	1436
<b>Flow Characteristics</b>					
Puff	Y/N	Y/N	Y/N	Y/N	CO2 _____
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR _____
Surges	Y/N	Y/N	Y/N	Y/N	GAS _____
Down to nothing	Y/N	Y/N	Y/N	Y/N	If applicable type
Gas or Oil	Y/N	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood

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

**MIT**  
**MacLuskey**  
 ser # 0733  
 cal 3-28-18

Signature:	<b>OIL CONSERVATION DIVISION</b>
Printed name:	<b>Entered into RBDMS</b>
Title:	<b>Re-test</b>
E-mail Address:	
Date: <b>6-13-18</b>	
Phone:	
Witness: <b>Kerry Fortner - OCO</b>	

**399-3221**