

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 abandoned well. Use form 3160-3 (APD) for such proposals.

Carlsbad Field Office
OGD/Hobbs

7. Well Name and No.
NMNM112723X

8. If Indian, Allottee or Tribe Name

9. If Unit or CA/Agreement, Name and/or No.
NMNM112723X

10. Well Name and No.
EAST BLINEBRY DRINKARD UNIT 57

11. API Well No.
30-025-29061-00-S1

12. Field and Pool or Exploratory Area
EUNICE
WANTZ

13. County or Parish, State
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

RECEIVED
AUG 06 2018

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 1 T21S R37E NESW 1650FSL 1650FWL

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 6/14/2018, witnessed by the OCD. Passing chart attached.

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

Electronic Submission #427748 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 (18PP1484SE)

Name (Printed/Typed) REESA FISHER Title SR STAFF REGULATORY ANALYST

Signature (Electronic Submission) Date 07/18/2018

THIS SPACE FOR FEDERAL AGENCY USE ONLY

ACCEPTED FOR RECORD

Approved By Kenny Fortner - OCD Title _____ 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 _____ /s/ Jonathon Shepard

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 ****

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

APACHE Corp Operator Name		30-025-29061 API Number
EBDU Property Name		057 Well No.

7. Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
S	1	21-S	37-E	1650	S	1650	W	LEA

Well Status

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

OBSERVED DATA

	(A) Surf-Interm	(B) Interm(1)	(C) Interm(2)	(D) Prod Csmg	(E) Tubing
Pressure	0	~	~	0	1353
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> N	Y/N	Y/N	<input checked="" type="checkbox"/> N	CO2 _____
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 _____
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.

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

399-3221