

05781 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

HOBBS OGD
RECEIVED
SEP 12 2018
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
RECEIVED
SEP 13 2018

WELL API NO. 30-025-05794	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 16	
8. Well Number 14	
9. OGRID Number 873	
10. Pool name or Wildcat Eunice Monument G/SA	
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>S</u> line and <u>1980</u> feet from the <u>W</u> line Section <u>32</u> Township <u>19S</u> Range <u>37E</u> NMPM Lea County	
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection well. <input checked="" type="checkbox"/> 2. Name of Operator Apache Corp. 3. Address of Operator P O box Drawer D Monument NM 88265	

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: <input checked="" type="checkbox"/> replace tubing & return well to inj	

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.

Top perf @ 3720
Open hole 3787' - 3897'
Moved in Mesa Well Service, laid down inj string, picked up WS to acidize with 4000 gallons. Laid dn WS & pick up new inj string with a 1X PKR.set @ 3680.69. Loaded the casing with packer fluid, pressured the casing to 500 psi, ran a chart for for 32 minutes starting with 500 psi and finished with 495 psi. Witnessed by Kerry Fortner for the NMOCD. We are returning this well to injection.

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 JD Ellison TITLE Instrument Tech DATE 9-13-18
Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE 575-441-7134
For State Use Only
APPROVED BY: George Brown TITLE Compliance Supervisor DATE 9/14/18
Conditions of Approval (if any):

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

SEP 13 2018

BRADENHEAD TEST REPORT

RECEIVED

Operator Name APACHE CORP.	API Number 30-025-05794
Property Name NORTH Monument GISA Unit	Well No. 014

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
N	32	19-S	37-E	660	S	1980	W	Lea

Well Status

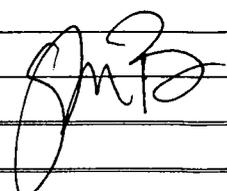
TA'D WELL YES <input checked="" type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	INJECTOR INJ <input checked="" type="checkbox"/> SWD <input type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE 9-12-18
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OBSERVED DATA

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

Post Workover Test
(Lupe) Lucky Rev Unit
Ser# 594019
Cal 4/2/18

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: 9-12-18	Phone:
Witness: Kerry Fortner- OGD	

399-3221

Graphic Controls

DATE 9-12-18
BR 2222

RECEIVED
SEP 12 2018

HOBBS OGD

ALPACHE
MAY 19 2018
NORTH MANASSAS
#014
30-025-05794
M 82 19-5
Sent 594019
CALC V/A MS
10000 Cont
10000 Cont
KERRY
Lactic Reu Unit
END

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