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|---|------------------------------------|---|------------------------|--|--|---|------------------------------------|--|----------|--------|--|
| Submit To Appropriate District Office Two Copies District I 1625 N French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87409 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 | | | | | Form C-105 July 17, 2008 | | | | |
| | | 1. WELL API NO. 30-025-39564 | | | 2. Type of Lease <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN | | | | | | |
| | | 3. State Oil & Gas Lease No. | | | 5. Lease Name or Unit Agreement Name Bertha Barber | | | | | | |
| 4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33, attach this and the plat to the C-144 closure report in accordance with 19 15 17 13 K NMAC) | | 6. Well Number 22 | | | | | | | | | |
| 7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER | | 8. Name of Operator Apache Corporation | | | 9. OGRID 873 | | | | | | |
| 10. Address of Operator 303 Veterans Airpark Lane, Suite 1000 Midland, TX 79705 | | 11. Pool name or Wildcat Monument;Tubb,Drinkard, Abo | | | | | | | | | |
| 12. Location | Unit Ltr | Section | Township | Range | Lot | Feet from the | N/S Line | Feet from the | E/W Line | County | |
| Surface: | K | 5 | 20S | 37E | | 1650 | SOUTH | 1650 | WEST | LEA | |
| BII: | | | | | | | | | | | |
| 13. Date Spudded 12/03/2009 | 14. Date T D Reached 12/23/2009 | 15. Date Rig Released 12/26/2009 | | 16. Date Completed (Ready to Produce) 06/22/2010 | | 17. Elevations (DF and RKB, RT, GR, etc) 3563'GR | | | | | |
| 18. Total Measured Depth of Well 7700 | | 19. Plug Back Measured Depth 7676 | | 20. Was Directional Survey Made? YES | | 21. Type Electric and Other Logs Run | | | | | |
| 22. Producing Interval(s), of this completion - Top, Bottom, Name 6300-6520' TUBB, 6698-6800 DRINKARD, 6846-7640 ABO | | 23. CASING RECORD (Report all strings set in well) | | | | | | | | | |
| CASING SIZE | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED | | | | | | |
| 8 5/8 | 24 | 1109 | 12 1/4 | 550 SX | | | | | | | |
| 5 1/2 | 17 | 7700 | 7 7/8 | 2280 SX | | | | | | | |
| 24. LINER RECORD | | | 25. TUBING RECORD | | | | | | | | |
| SIZE | TOP | BOTTOM | SACKS CEMENT | SCREEN | SIZE | DEPTH SET | PACKER SET | | | | |
| | | | | | 2 7/8 | 7605 | | | | | |
| 26. Perforation record (interval, size, and number) 6300-6520 Tubb 6698-6800 Drinkard 6846-7640 Abo | | | | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 6300-7640 acidize w/19,248 gals 15% | | | | | | | |
| PRODUCTION | | | | | | | | | | | |
| 28. Date First Production 07/22/2010 | | Production Method (Flowing, gas lift, pumping - Size and type pump) PUMPING | | | | Well Status (Prod. or Shut-in) PRODUCING | | | | | |
| Date of Test 08/04/2010 | Hours Tested 24 | Choke Size | Prod'n For Test Period | Oil - Bbl 25 | Gas - MCF 185 | Water - Bbl 239 | Gas - Oil Ratio | | | | |
| Flow Tubing Press | Casing Pressure | Calculated 24-Hour Rate | Oil - Bbl. | Gas - MCF | Water - Bbl. | Oil Gravity - API - (Corr.) | | | | | |
| 29. Disposition of Gas (Sold, used for fuel, vented, etc) Sold | | | | | | 30. Test Witnessed By Apache Corp. | | | | | |
| 31. List Attachments C-102, C-103, C-104 | | | | | | | | | | | |
| 32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit | | | | | | | | | | | |
| 33. If an on-site burial was used at the well, report the exact location of the on-site burial: | | | | | | | | | | | |
| Latitude | | | | | Longitude | | | <input type="checkbox"/> <input type="checkbox"/> NAD 1927 1983 | | | |
| I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief | | | | | | | | | | | |
| Signature <i>Alicia Fulton</i> | | Printed Name Alicia Fulton | | | Title Sr. Regulatory Analyst | | | Date 10/08/2018 | | | |
| E-mail Address alicia.fulton@apachecorp.com | | | | | | | | | | | |

