

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

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

HOBBS OCD
 RECEIVED
 NOV 30 2018

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.)		WELL API NO. 30-025-32358
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Apache Corp.		6. State Oil & Gas Lease No.
3. Address of Operator P O box Drawer D Monument NM 88265		7. Lease Name or Unit Agreement Name J R Phillips gas com
4. Well Location Unit Letter <u>O</u> : <u>1090</u> feet from the <u>S</u> line and <u>1330</u> feet from the <u>E</u> line Section <u>1</u> Township <u>20S</u> Range <u>36E</u> NMPM Lea County		8. Well Number 4
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 873
10. Pool name or Wildcat Yates Seven Rivers Queen		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: MPT for TA extension <input type="checkbox"/>	

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.

Perfs 3108 - 3348

Moved in a truck and pressured the casing to 555 psi ran a chart for 32 minutes with a loss of 15 psi to 540 psi Apache requests a TA extension for this well.

This Approval of Temporary Abandonment Expires 11/21/2021

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 [Signature] TITLE Instrument Tech DATE 11/21/18

Type or print name Jim Ellison E-mail address: _JD.Ellison@apacheccorp.com_ PHONE: _575-441-7734_

APPROVED BY: [Signature] TITLE AO/I DATE 12/3/2018
 Conditions of Approval (if any):

PRINTED IN U.S.A.

MIDNIGHT

6 PM

5

4

3

2

1

NOON

11

10

9

8

7

6 AM

5

4

3

2

1

Graphic Controls

DATE 11-21-18
BR 2221

Apache Corp
R Phillips Gas Co #4

50-025-32358-00-00

1-205-360

Cal date to 10/31/18
Ser # 594019

1000 #
60 #

Start 5:55
End 5:40

32 min

11/21/18

11/21/18

DATE

BR 2221

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

BRADENHEAD TEST REPORT

Operator Name <i>Apache Corp.</i>		API Number <i>30-025-32358</i>	
Property Name <i>J R Phillips Gas Com</i>		Well No. <i>#4</i>	

7. Surface Location									
UL - Lot <i>0</i>	Section <i>1</i>	Township <i>20S</i>	Range <i>36E</i>	Feet from <i>1090</i>	N/S Line <i>S</i>	Feet From <i>1330</i>	E/W Line <i>E</i>	County <i>LEA</i>	

Well Status

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	INJ	SWD	OIL	<input checked="" type="checkbox"/> GAS	DATE <i>11-21-18</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>NONE</i>
Flow Characteristics					
Pull	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Water level if applicable

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
E-mail Address:		
Date:	Phone:	
Witness: <i>Gary Robinson</i>		