

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

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR FOR ANY OTHER PURPOSES. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-20517
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input 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 North Monument G/SA Unit Bk. 14
4. Well Location Unit Letter <u>G</u> : <u>1980</u> feet from the <u>N</u> line and <u>1830</u> feet from the <u>E</u> line Section <u>36</u> Township <u>19S</u> Range <u>36E</u> NMPM Lea County		8. Well Number <u>23</u> <u>286</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3603 DF		9. OGRID Number 873
		10. Pool name or Wildcat Eunice Monument G/SA

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

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: TA TEST ☒

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.

1. Meet OCD Rep. Gary Robinson on location.
2. Pressure up csg to 600# for 32 min. end pressure 580#.
3. Record test on chart. Bleed pressure to zero.
4. Request TA Status.

pm.
**This Approval of Temporary
Abandonment Expires 3-7-2020**

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 Pumper DATE 3/7/2019

Type or print name Jimmy Cross E-mail address: jimmy.cross@apacheccorp.com PHONE: 575-441-7731

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 3-18-19
Conditions of Approval (if any):

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

BRADENHEAD TEST REPORT

Operator Name Apache		API Number 30-025-20517
Property Name NMG S/A		Well No. #286 (1423)

1. Surface Location									
UL - Lot G	Section 30	Township 19S	Range 36E		Feet from 1980	N/S Line N	Feet From 1830	E/W Line E	County LEA

Well Status							
PROD WELL <input checked="" type="radio"/> YES <input type="radio"/> NO	SHUT-IN <input checked="" type="radio"/> YES <input type="radio"/> NO	INJECTOR <input type="radio"/> INJ <input type="radio"/> SWD		PRODUCER <input checked="" type="radio"/> OIL <input type="radio"/> GAS	DATE 3-7-19		

OBSERVED DATA

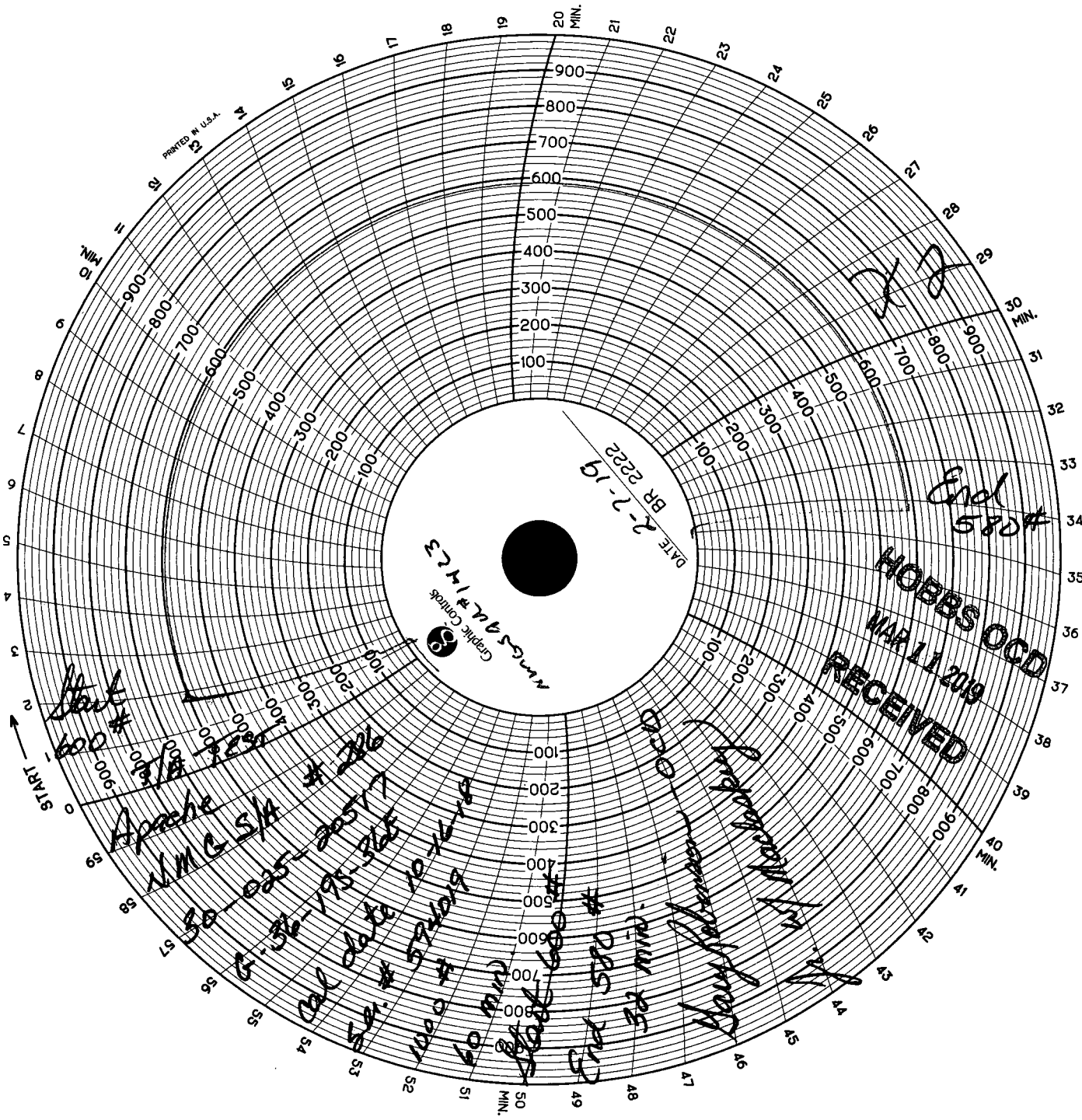
	(A) Surface	(B) Interm (1)	(C) Interm (2)	(D) Prod Casing	(E) Tubing
Pressure	0	N/A	N/A	0	NONE
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2 <input type="checkbox"/>
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR <input type="checkbox"/>
Surges	Y/N	Y/N	Y/N	Y/N	GAS <input type="checkbox"/>
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of fluid injected for waterflood if applies
Gas or Oil	Y/N	Y/N	Y/N	Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

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

T/A TEST

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS JK
Title:		Re-test
E-mail Address:		
Date:	Phone:	
Witness: Gary Johnson		

INSTRUCTIONS ON BACK OF THIS FORM



PRINTED IN U.S.A.

DATE 2-7-19
BR 2222
HOBBS OCD

RECEIVED
MAR 11 2019

Start
600 #

Apache
1 MG 5/4

30-025-2057
G-36-19-365

Calc date 10-2-19
54 # 53409
60 min

Start 600 #
End 580 #
32 min

Darryl Solomon

W/ Haddock

End
580 #