

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

WELL API NO. 30-025-33607
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name McGrail State
8. Well Number 9
9. OGRID Number 873
10. Pool name or Wildcat Monument Abo
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 DEVELOP A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well **HOBBS OGD** **MAR 11 2019**

2. Name of Operator
Apache Corp. **RECEIVED**

3. Address of Operator
P O box Drawer D Monument NM 88265

4. Well Location
 Unit Letter K: 1980 feet from the S line and 1650 feet from the W line
 Section 26 Township 19S Range 36E NMPM Lea County

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: RETEST TA <input checked="" 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.

3/7/2017

- MEET OCD REP. GARY ROBINSON.
- LOAD CSG 1 BBL PKR FLUID. PRESSURE UP TO 580#.
- RECORD TEST ON CHART RECORDER FOR 32 MINUTES.
- ENDING PRESSURE 565#. RELEASE PRESSURE.
- REQUEST TA STATUS FOR WELL.

Sum
 This Approval of Temporary
 Abandonment Expires 3-7-2021

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 *Jimmy Cross* TITLE PUMPER III DATE 3/7/2017

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

For State Use Only

APPROVED BY: *Kerry Forth* 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 <i>Apache</i>		API Number <i>30-025-33607</i> ✓
Property Name <i>Mc GRAIL ST</i>		Well No. <i># 9</i> ✓

Surface Location									
UL - Lot <i>K</i>	Section <i>26</i>	Township <i>19S</i>	Range <i>36E</i>	Feet from <i>1980</i>	N/S Line <i>S</i>	Feet From <i>1650</i>	E/W Line <i>W</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	INJECTOR	SWD	<input checked="" type="checkbox"/> OIL	PRODUCER	GAS	DATE <i>3-7-19</i> ✓

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>	<i>N/A</i>	<i>0</i>	<i>None</i> ✓
Flow Characteristics					
Puff	<i>Y/N</i>	<i>N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 ___
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR ___
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS ___
Down to nothing	<i>N</i>	<i>N</i>	<i>Y/N</i>	<i>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>	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.
T/A Test

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS <i>HR</i>
Title:	Re-test
E-mail Address:	
Date:	Phone:
Witness: <i>Mary Robinson</i>	

