

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-025-06466
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-935
7. Lease Name or Unit Agreement Name Northeast Drinkard Unit (NEDU) / 22503
8. Well Number 525
9. OGRID Number 873
10. Pool name or Wildcat Eunice; B-T-D, North (22900)

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 101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other Injection Well

2. Name of Operator
Apache Corporation

3. Address of Operator
303 Veterans Airpark Lane, Suite 1000 Midland, TX 79705

4. Well Location
Unit Letter N : 500 feet from the South line and 2080 feet from the West line
Section 10 Township 21S Range 37E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3474' GL

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 ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: Post workover MIT ☐

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.

Apache isolated the Drinkard for injection, as follows: (WFX-759)

02/21/2019 MIRUSU POOH w/prod equip.

02/22/2019 RIH w/RBP & pkr to test csg; tested good.

02/25/2019 RIH w/bit & WS to CO well; tag fill @ 5763'. CO fill 5763'-6255', circ clean. 02/26/2019 Cont CO 6255'-6810'.

02/27/2019 RIH w/scrapper to 6810'; POOH.

02/28/2019 Perf Drinkard @ 6670'-6737' w/3 SPF, 168 shots. Tag up pkr high @ 5800'; couldn't work thru bad spot; bottom of pkr bent.

03/01/2019 RIH w/mill to clean up csg; mill thru bad spot. 03/04/2019 Cont mill; recover 10" stuck csg.

03/05/2019 Couldn't get tailpipe thru bad spot. 03/06/2019 Cont to mill.

03/07/2019 POOH LD WS, RIH w/175 jts 2-3/8" J-55 inj tbg & set inj pkr @ 5673'; EOT @ 5690'. Test - no leaks. Circ pkr fluid.

03/08/2019 Wellhead leaking. 03/11/2019 Work on wellhead, still wouldn't load and test.

03/12/2019 Move pkr up 1 jt, tested w/no loss.

03/13/2019 Test csg w/no loss. SI WO OCD test.

03/21/2019 Ran OCD witnessed MIT; chart attached.

Spud Date:

3/18/1951

Rig Release Date:

5/23/1951

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Reesa Fisher

TITLE Sr. Staff Reg Analyst

DATE 3/27/2019

Type or print name Reesa Fisher

E-mail address: Reesa.Fisher@apachecorp.com

PHONE: (432) 818-1062

For State Use Only

APPROVED BY:

Kerry Fortna

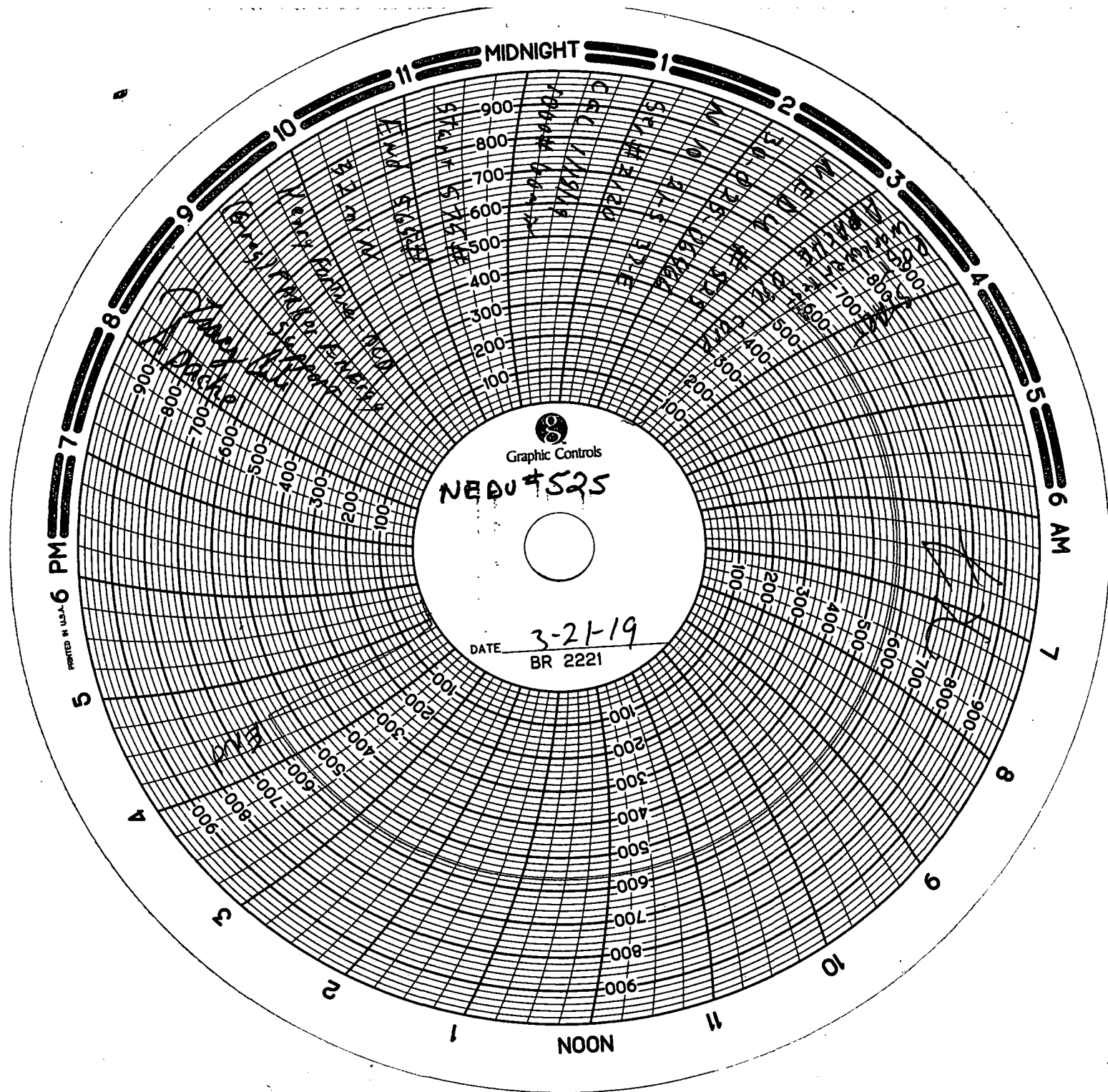
TITLE

Compliance Officer A

DATE

4-4-19

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 Oil Corp.		API Number 30-025-06466	
Property Name North East Drinkard Unit (NEDU)		Well No. 525	

1. Surface Location

UL - Lot N	Section 10	Township 21S	Range 37E	Feet from 500	N/S Line S	Feet from 2080	E/W Line S	County Lea
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Well Status

TA'D WELL YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN NO <input checked="" type="checkbox"/>	INJECTOR NO <input checked="" type="checkbox"/>	SWD <input type="checkbox"/>	OIL PRODUCER <input type="checkbox"/>	GAS <input type="checkbox"/>	DATE 3-21-19
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	0	0	—	0	0
Flow Characteristics					NOT INS
Pull	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	CO2 —
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	WTR —
Surges	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	GAS —
Down to nothing	<input checked="" type="checkbox"/> / N	<input checked="" type="checkbox"/> / N	Y / N	<input checked="" type="checkbox"/> / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	Injected for
Water	Y / <input checked="" type="checkbox"/>	Y / <input checked="" type="checkbox"/>	Y / N	Y / <input checked="" type="checkbox"/>	Waterflow 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
(Greg) Parker Energy Support
Ser # 2120
CAL 1/18/19

START ^{R7} 580#
575#
END 565#

Signature: Tracy Cole		OIL CONSERVATION DIVISION	
Printed name: Tracy Cole		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: 3-21-19	Phone: 575-441-5196		
Witness: Kerry Fortner - OCP 392-3221			

INSTRUCTIONS ON BACK OF THIS FORM