

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. 30-025-09174
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. A-2614
7. Lease Name or Unit Agreement Name South Eunice Seven Rivers Queen Unit
8. Well Number 411
9. OGRID Number 873
10. Pool name or Wildcat Eunice; 7 Rivers-Queen, South [24130]
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3469' KB

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.)

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

2. Name of Operator
Apache Corporation

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

4. Well Location
 Unit Letter E : 2310 feet from the North line and 330 feet from the West line
 Section 36 Township 22S Range 36E NMPM County Lea

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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT <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.

This well was tested in conjunction with the Bradenhead test, as required, on 7/3/19; see copy of chart attached.

Spud Date: 2/20/1958 Rig Release Date: 3/3/1958

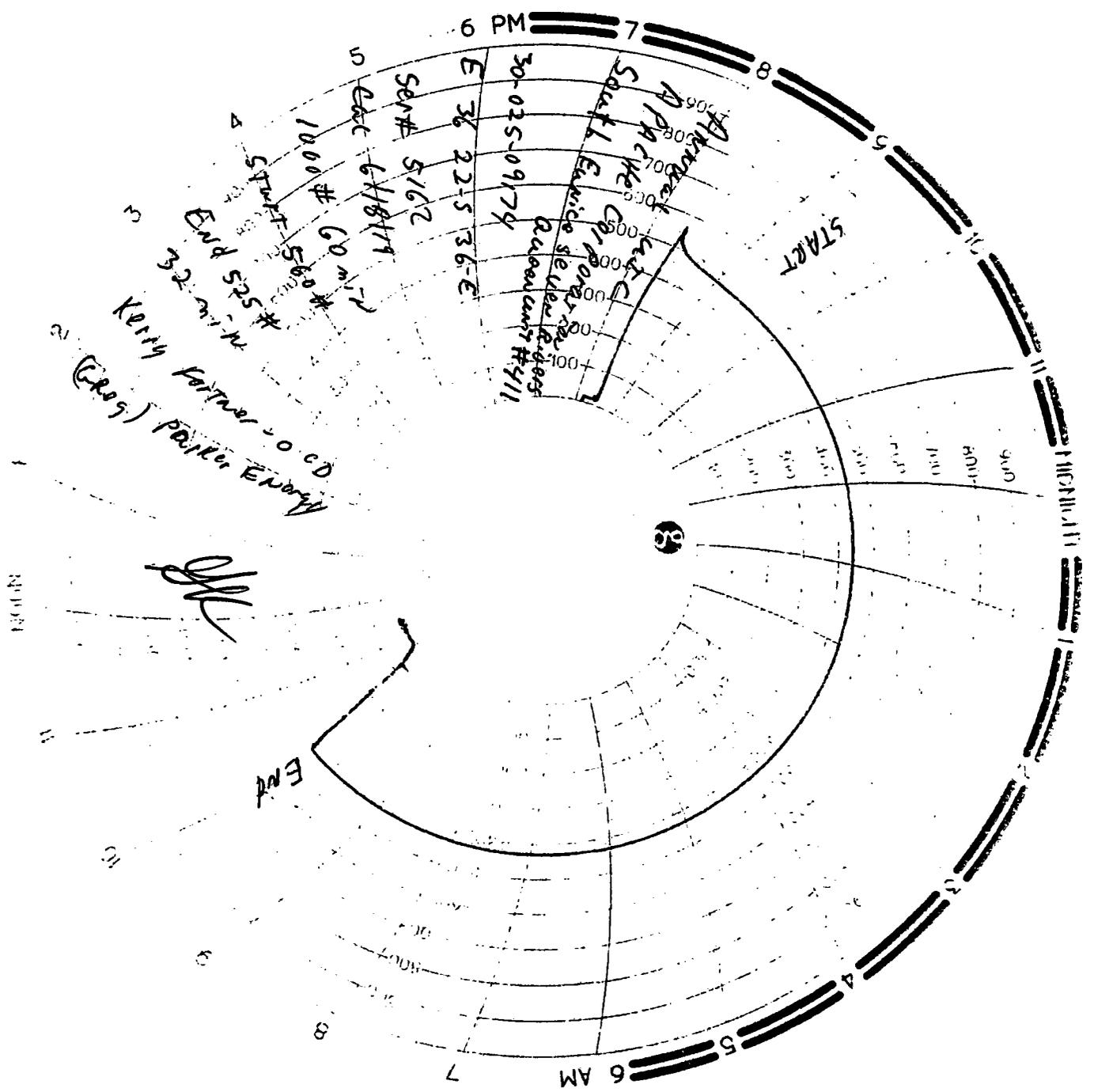
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Reesa Fisher TITLE Sr. Staff Reg Analyst DATE 7/24/2019

Type or print name Reesa Fisher E-mail address: Reesa.Fisher@apachecorp.com PHONE: (432) 818-1062

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 8-6-19
 Conditions of Approval (if any):



START

END

6 PM 7 8 9 10 11 12 1 2 3 4 5 6 AM

A Package
 Small Envelope
 30-025-09174
 Sen# 5162
 1000 # 60
 32-2-14
 Kerry Kaitner - 0 CD
 (Greg) Parker Energy

[Signature]

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

BRADENHEAD TEST REPORT

Operator Name APACHE Corporation		API Number 30-025-09174
Property Name SOUTH Eunice Seven Rivers Queen Unit		Well No. 411

¹ Surface Location

UL - Lot	Section	Township	Range	Feet from	NS Line	Feet From	E/W Line	County
E	36	22-S	36-E	2310	N	33	W	Lea

Well Status

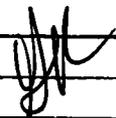
TA'D WELL YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	SHUT-IN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	INJECTOR <input checked="" type="checkbox"/>	SWD	PRODUCER OIL	GAS	DATE 7-3-19
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	—	—	0	800
Flow Characteristics					
Puff	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	<input checked="" type="checkbox"/> / N	CO2
Steady Flow	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	WTR —
Surges	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	GAS —
Down to nothing	<input checked="" type="checkbox"/> / N	Y / N	Y / N	<input checked="" type="checkbox"/> / N	Type of fluid injected for Waterflood if applies
Gas or Oil	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	
Water	Y / <input checked="" type="checkbox"/>	Y / N	Y / N	Y / <input checked="" type="checkbox"/>	

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

MIT / BHT
(Greg) PARKER Energy
Ser # 5162
Cal 6/18/19

Signature:	OIL CONSERVATION DIVISION	
Printed name:	Entered into RBDMS	
Title:	Re-test	
E-mail Address:		
Date: 7-3-19		
Witness: Kerry Fortner - OCD		

399-3221

INSTRUCTIONS ON BACK OF THIS FORM