

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

HOBBBS OGD
 RECEIVED
 JUL 29 2019

WELL API NO. 30-025-31158	
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 McDonald State AC 1	
8. Well Number 032	
9. OGRID Number 873	
10. Pool name or Wildcat Eunice; 7 Rivers-Queen, South [24130]	

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 I : 1340 feet from the South line and 1260 feet from the East line
 Section 16 Township 22S Range 36E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3545' GR

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: 8/10/1991

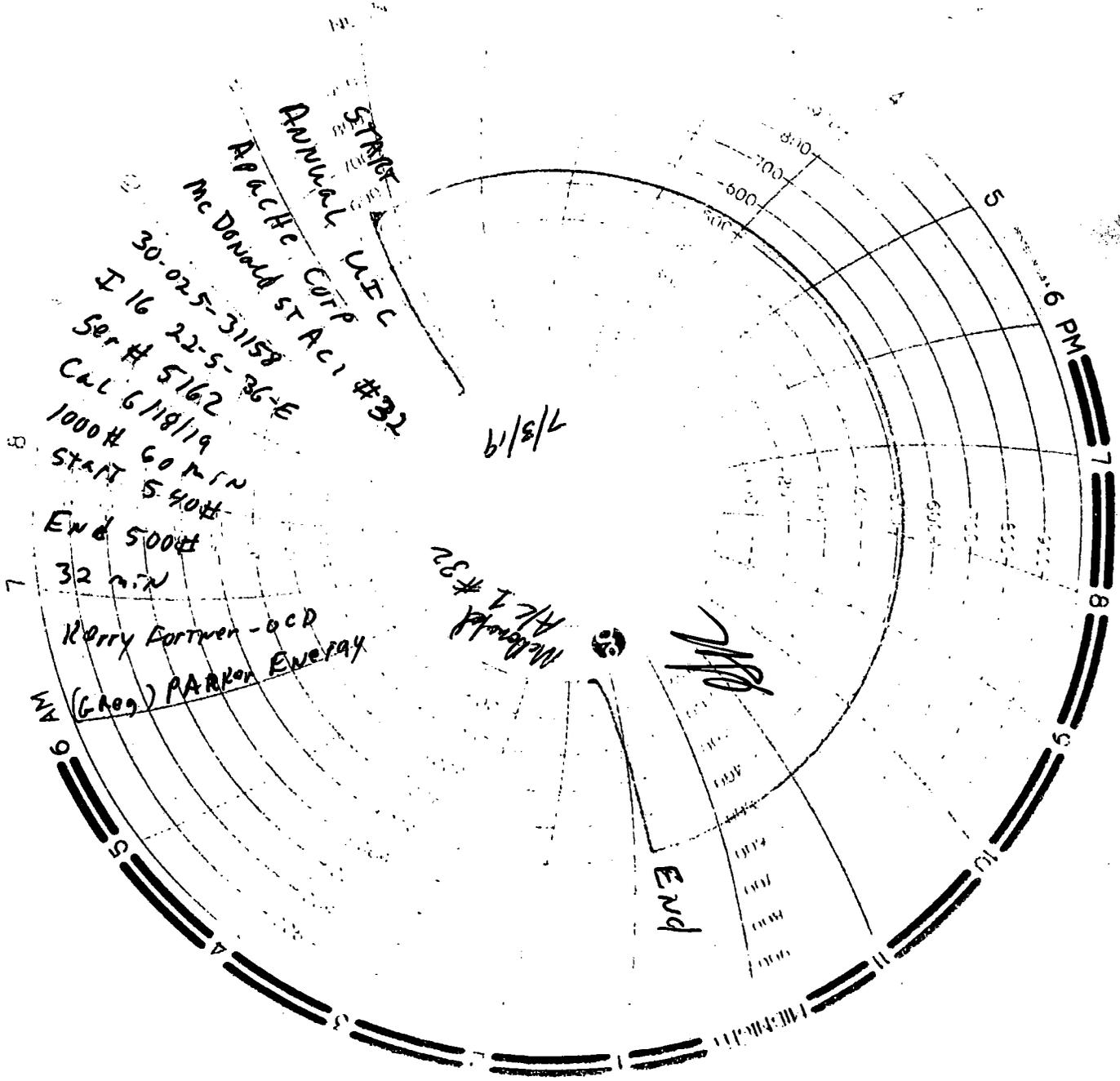
Rig Release Date: 8/18/1991

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: Coylaine Office TITLE Coylaine Office DATE 8-6-19
 Conditions of Approval (if any):
Reesa Fisher



Annual UIC

APACHE CORP
McDonald ST AC 1 #32

30-025-31158
I 16 22-5-36-E
Ser # 5162
CAL 6/18/19
1000 H 60 P-12
START 5:40H
END 5:00H

32 MIN
Kerry Fortner - ocd
(6809) PARKER ENERGY

McDonald
ST AC 1 #32

7/3/19

[Signature]

END

6 PM

7

8

9

10

8:10

700

600

500

District 1
 1625 N French Dr, Hobbs, NM 88240
 Phone: (575) 393-6161 Fax: (575) 393-0720

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 30-025-31158
Property Name McDonald STATE AC 1	Well No. 32

1. Surface Location								
UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
2	16	22-S	36-E	1340	S	1260	E	Lea

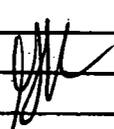
Well Status							DATE
TA'D WELL	SHUT-IN	INJECTOR	SWD	OIL	GAS		
YES <input checked="" type="radio"/>	YES <input checked="" type="radio"/>	<input checked="" type="radio"/>					7-3-19

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Cmg	(E)Tubing
Pressure	0	—	—	0	400
Flow Characteristics					
Puff	Y/B	Y/N	Y/N	Y/B	CO2 <input type="checkbox"/>
Steady Flow	Y/B	Y/N	Y/N	Y/B	WTR <input type="checkbox"/>
Surges	Y/N	Y/N	Y/N	Y/B	GAS <input type="checkbox"/>
Down to nothing	0/N	Y/N	Y/N	0/N	Type of fluid injected for Waterflood if applies
Gas or Oil	Y/B	Y/N	Y/N	Y/B	
Water	Y/B	Y/N	Y/N	Y/B	

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

Annual MIT/BNT
Partner Energy Support (Greg)
ser # 5162
cal 6/18/19

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test 
E-mail Address:	
Date:	
Phone:	
Witness: Kerry Fortney - O.C.D.	

399-3221

INSTRUCTIONS ON BACK OF THIS FORM