

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. 30-025-31159
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 033
9. OGRID Number 873
10. Pool name or Wildcat Eunice; 7 Rivers-Queen, South [24130]
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3552' GR

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 10 feet from the East line
 Section 16 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: 6/14/1991 Rig Release Date: 6/21/1991

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

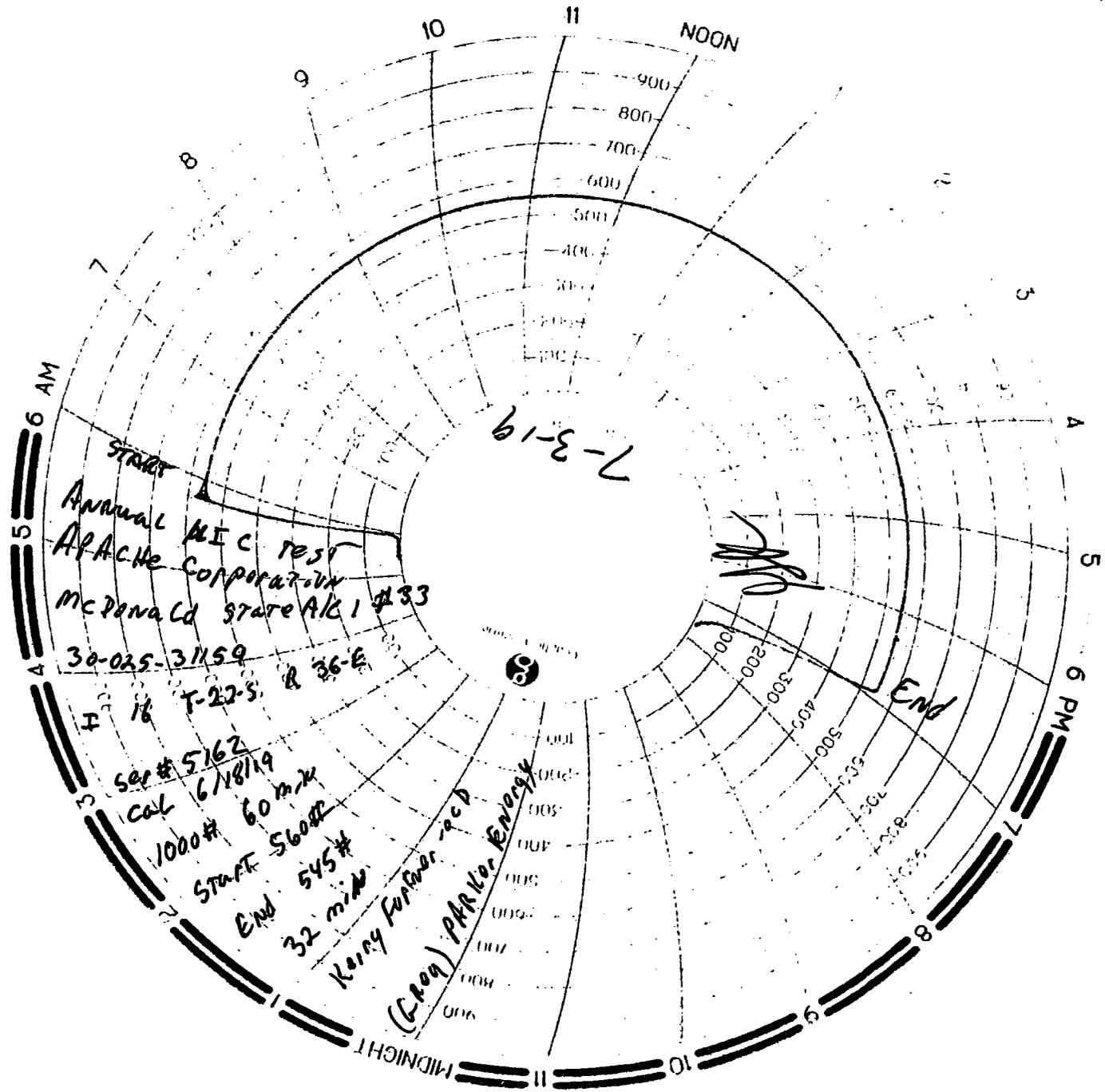
SIGNATURE Reesa Fisher TITLE Sr. Staff Reg Analyst DATE 7/24/2019

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

For State Use Only

APPROVED BY: [Signature] TITLE Explor. Officer DATE 8-6-19

Conditions of Approval (if any):



7-3-19

START
 Annual MIC test
 APACHE CORPORATION
 McDONALD STATE A/C 1 #33

30-025-31159
 T-22-S. & 36-E

SER # 5162
 CAL 6/18/19

1000# 60 min
 STAFF 56002
 END 545# 32 min

Kerry Futner - PCD
 (L. Roy) PARKOR Energy

End

[Signature]

6 AM

NOON

5

6 PM

MIDNIGHT

10

10

11

9

8

7

5

4

3

2

1

11

10

9

8

7

6

5

4

3

2

1

900

800

700

600

500

400

300

200

100

100

200

300

400

500

600

700

800

900



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 30-026-31159
Property Name McDonald STATE A/c 1		Well No. 33

¹ Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
I	16	T-229	36-E	1340	S	10	E	Lea

Well Status

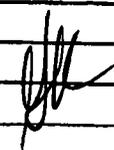
YES	TA'D WELL	<input checked="" type="checkbox"/>	YES	SHUT-IN	<input checked="" type="checkbox"/>	INJECTOR	<input checked="" type="checkbox"/>	SWD	OIL	PRODUCER	GAS	DATE	7-3-19
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	~	—	0	400
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2 ____
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR ____
Surges	Y/N	Y/N	Y/N	Y/N	GAS ____
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid Injected for Wear/Good 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.

MIT/BHT OK
(Greg) PARKER ENERGY
Sect 5162
Cal 6/18/19

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

399-3221

INSTRUCTIONS ON BACK OF THIS FORM