

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

Form C-103
 October 13, 2009

HOBBS OCD
 NOV 6 12 2019
RECEIVED

WELL API NO. 30-025-04161
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 18
8. Well Number 13
9. OGRID Number 873
10. Pool name or Wildcat Eunice Monument G/SA

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 injection well

2. Name of Operator
Apache Corp.

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

4. Well Location
 Unit Letter M : 660 feet from the S line and 660 feet from the W line
 Section 2 Township 20S Range 36E NMPM Lea County

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

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: MBT <input 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.

Move in a McLaskey pump truck. Pressure test the casing to 540 psi and chart the pressure for 32 minutes. Lost 20 lbs during the test.

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 Justin Solomon TITLE Pumper II DATE 7/12/19
 Type or print name Justin Solomon E-mail address: Justin.Solomon@apacheccorp.com
 PHONE: 575-390-4054

For State Use Only

APPROVED BY: Kelly Forster TITLE C.O. A DATE 11-4-19
 Conditions of Approval (if any):

District I
 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 <i>Apache Corp</i>	API Number <i>30-025-04161</i>
Property Name <i>NM65AU</i>	Well No. <i>013 (1813)</i>

* Surface Location									
UL - Lot	Section	Township	Range	Feet From	N/S Line	Feet From	E/W Line	County	
<i>M</i>	<i>2</i>	<i>20S</i>	<i>36E</i>	<i>660</i>	<i>S</i>	<i>660</i>	<i>W</i>	<i>Lea</i>	

Well Status									
TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE					
YES <input type="radio"/>	YES <input type="radio"/>	INJ <input checked="" type="radio"/>	OIL <input type="radio"/>	<i>7-12-2019</i>					

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<i>0</i>		<i>0</i>	<i>80</i>	<i>300</i>
Flow Characteristics	<i>NONE</i>		<i>NONE</i>	<i>BLOW</i>	
Surge	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	WTR <input checked="" type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	GAS <input type="checkbox"/>
Gas or Oil	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	Type of Fluid Injected for Waterflood if applies
Water	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.
(D). bled to 0 in 2 minutes

Signature: <i>Justin Solomon</i>	OIL CONSERVATION DIVISION
Printed name: <i>Justin Solomon</i>	Entered into RBDMS
Title: <i>Pumper II</i>	Re-test <i>X 7</i>
E-mail Address: <i>Justin.Solomon@apacheCorp.com</i>	
Date: <i>7-12-19</i>	Phone: <i>575-390-4054</i>
Witness:	