

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 Dr.  
Santa Fe, NM 87505

Form C-103  
October 13, 2009

WELL API NO. 30-025-05104
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR LOG 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 well.

2. Name of Operator  
Apache Corp.

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

7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 14
8. Well Number 3
9. OGRID Number 873
10. Pool name or Wildcat Eunice Monument G/SA

4. Well Location  
Unit Letter C : 660 feet from the N line and 1950 feet from the W line  
Section 36 Township 19S Range 36E NMPM Lea County

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

HOBBS OCD  
NOV 04 2019  
RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: <input type="checkbox"/>	5 year pressure test

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 McLaskey truck and pressure the casing and chart for 32 minutes. Starting pressure 565 # and finale pressure 560#

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 7-12-2019

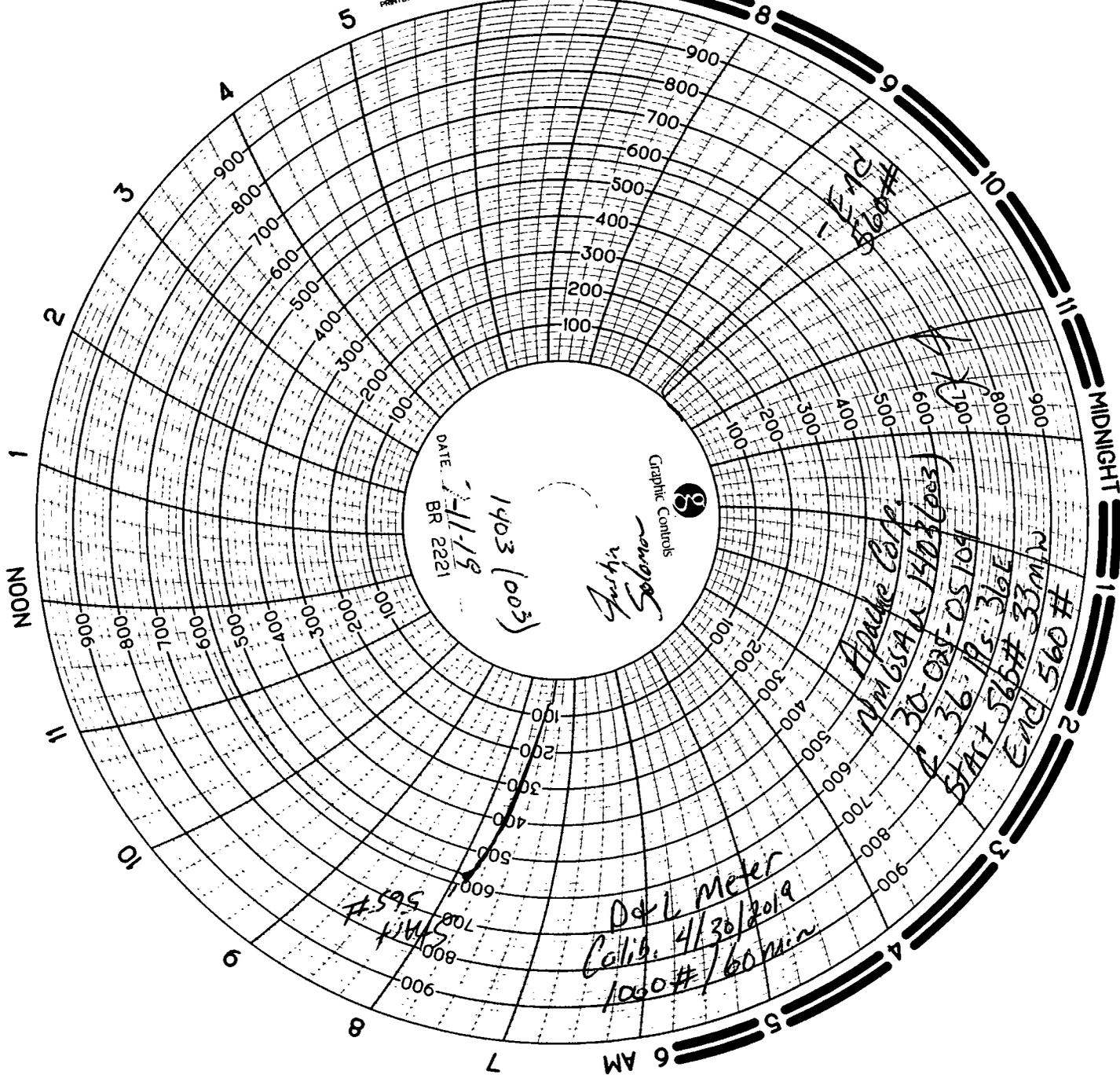
Type or print name Justin Solomon E-mail address: Justin.Solomon@apacheccorp.com PHONE: 575-390-4054

**For State Use Only**

APPROVED BY: Kerry Fute TITLE C.O. DATE 11-4-19  
Conditions of Approval (if any):

PRINTED IN U.S.A.

6 PM 7 8 9 10 11 MIDNIGHT



DATE 11/19  
BR 2221

1403 (003)

Apache Corp.  
NM 6574 K 1403 (003)  
P: 30-025-05109  
START 566# 36E  
END 560#

D&L Meter  
Calib. 4/30/2019  
1000# / 60 min

#595  
#1145

NOON

1

2

3

4

5

7

6 AM

MIDNIGHT

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

BRADENHEAD TEST REPORT

Operator Name <b>Apache Corp</b>	API Number <b>30-025-05104</b>
Property Name <b>NMBSAU</b>	Well No. <b>003 (1403)</b>

Surface Location

UL - Lot <b>C</b>	Section <b>36</b>	Township <b>19S</b>	Range <b>36E</b>	Feet from <b>1000</b>	N/S Line <b>N</b>	Feet from <b>1950</b>	E/W Line <b>W</b>	County <b>Lea</b>
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Well Status

TA'D WELL YES	<input type="radio"/> NO	SHUT-IN YES	<input type="radio"/> NO	<input checked="" type="radio"/> INJ	INJECTOR SWD	OIL	PRODUCER GAS	DATE <b>7-12-19</b>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Casing	(E) Tubing
Pressure	<b>NONE</b>	<b>20</b>		<b>NO</b>	<b>720</b>
Flow Characteristics	<b>NONE</b>	<b>Slight Flow</b>		<b>NONE</b>	
Puff	<input checked="" type="radio"/> Y <input type="radio"/> N	<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	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="radio"/> Y <input type="radio"/> N	<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	WTR <input checked="" type="checkbox"/>
Surges	<input checked="" type="radio"/> Y <input type="radio"/> N	<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	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="radio"/> Y <input type="radio"/> N	<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	Type of Fluid Injected for Waterflood if apples.
Gas or Oil	<input checked="" type="radio"/> Y <input type="radio"/> N	<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	
Water	<input checked="" type="radio"/> Y <input type="radio"/> N	<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	

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

**(B) Slight flow of water down to nothing.**

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