

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 DISTRICT  
HOBBS OSD  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
OCT 8 2019

WELL API NO. 30-025-06587
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1481
7. Lease Name or Unit Agreement Name Northeast Drinkard Unit (NEDU) [22503]
8. Well Number 606
9. OGRID Number 873
10. Pool name or Wildcat Eunice; B-T-D, North [22900]

SUNDRY NOTICES AND REPORTS ON RECEIVED (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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input type="checkbox"/>	
2. Name of Operator Apache Corporation	
3. Address of Operator 303 Veterans Airpark Lane, Suite 1000 Midland, TX 79705	
4. Well Location Unit Letter F : 3375 feet from the South line and 3225 feet from the East line Section 15 Township 21S Range 37E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3435' GL	

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: CONFORMANCE WORK <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.

Apache performed the following conformance work on this well: (WFX-759)

09/19/2019 MIRUSU Test csg, NU BOP  
09/20/2019 TOH w/packer, PU bit, DC's & WS  
09/23/2019 TIH w/tbg, tag fill @ 6526', CO to PBTD @ 6815'; circ clean.  
09/24/2019 Perf Drinkard @ 6568'-6665', 192 shots in 4 runs.  
09/25/2019 Acidize Drinkard w/4000 gal 15% acid & 7500# rock salt.  
09/26/2019 MIRU Wireline to set perm packer, couldn't get bars thru.  
09/27/2019 TIH w/fiberline tbg to LD.  
09/30/2019 PU new 2-3/8" IPC J-55 tbg, 170 jts, tested, tried to set hydro packer. EOT @ 6429'  
10/01/2019 Set hydro packer @ 5565'. Test csg, circ pkr fluid.  
10/02/2019 Perform State MIT.

Spud Date:

12/16/1950

Rig Release Date:

2/8/1951

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

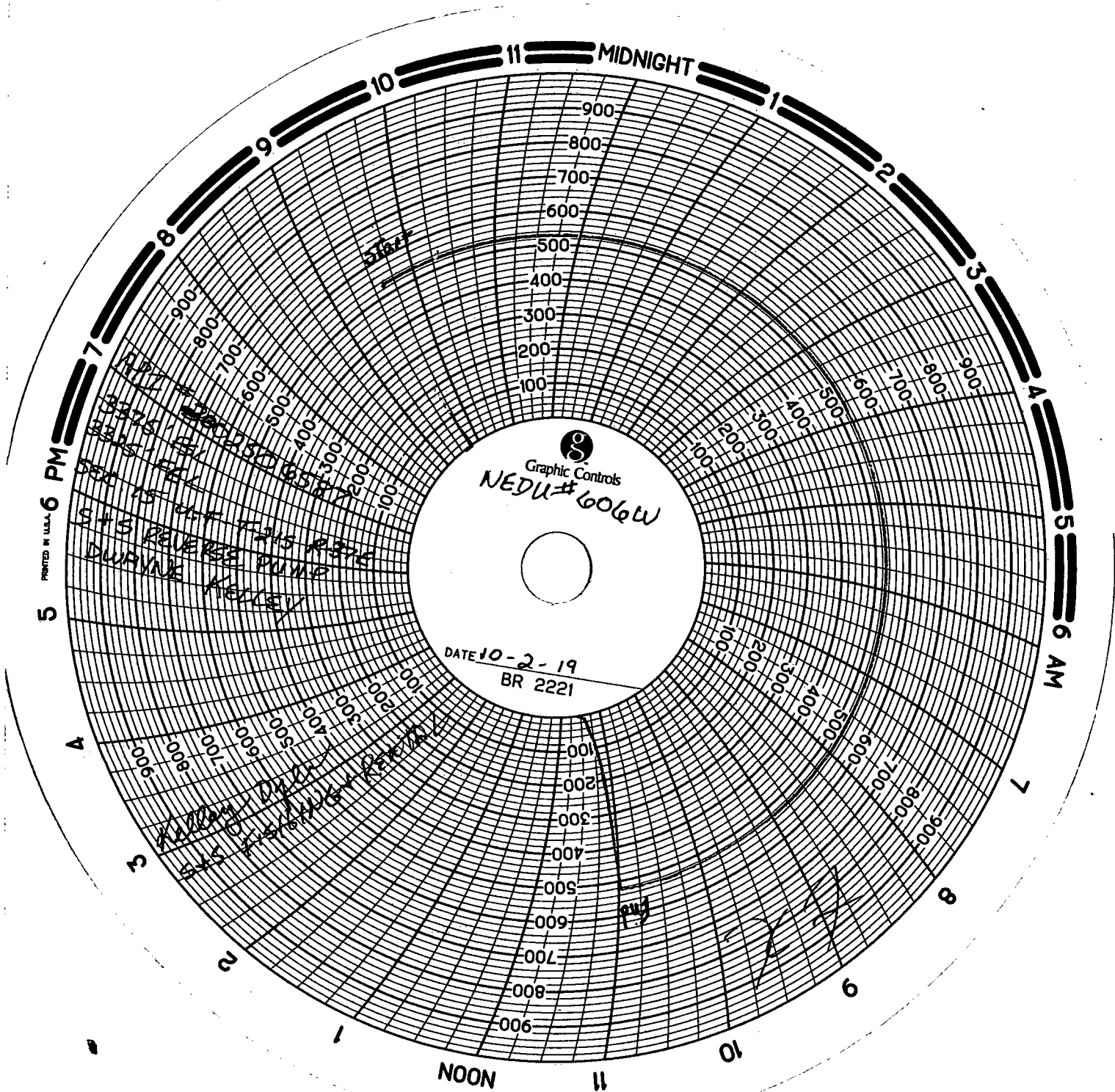
SIGNATURE Reesa Fisher TITLE Sr. Staff Reg Analyst DATE 10/9/2019

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

For State Use Only

APPROVED BY: Kerry Foster TITLE C.O. DATE 11-5-19

Conditions of Approval (if any):



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

BRADENHEAD TEST REPORT

Operator Name <b>Apache Oil Corp.</b>		API Number <b>30-025-06587</b>	
Property Name <b>North East Drinkard Unit (NEOU)</b>		Well No. <b>606</b>	

Surface Location

UL - Lot <b>F</b>	Section <b>15</b>	Township <b>21S</b>	Range <b>37E</b>	Feet From <b>3375</b>	N/S Line <b>S</b>	Feet From <b>3225</b>	E/W Line <b>E</b>	County <b>Lea</b>
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Well Status

TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input type="radio"/> NO <input checked="" type="radio"/>	INJECTOR <input checked="" type="radio"/> IN <input type="radio"/> OUT	SWD	OIL PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE <b>10-4-19</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Casing	(E)Tubing
Pressure	<b>Ø</b>	<b>N/A</b>	<b>N/A</b>	<b>Ø</b>	<b>1100</b>
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/>
Surges	Y / N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	GAS <input type="checkbox"/>
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	Injected for
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	Waterflow if
					applies

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

Signature: <b>Tracy Cole</b>		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test <b>XCJ</b>	
E-mail Address:			
Date: <b>10-4-19</b>	Phone: <b>575-441-5196</b>		
Witness:			

INSTRUCTIONS ON BACK OF THIS FORM