

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

Form C-103
October 13, 2009

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

WELL API NO. 30-025-05764
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. 15
8. Well Number 16
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 P : 660 feet from the S line and 660 feet from the E line
Section 31 Township 19S Range 37E 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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: MPT <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 McKlaskey pump truck. Pressure test the casing to 360 psi and chart the pressure for 32 minutes. End at 340 psi. Lost 20 psi during the test.

Spud Date: Rig Release Date:

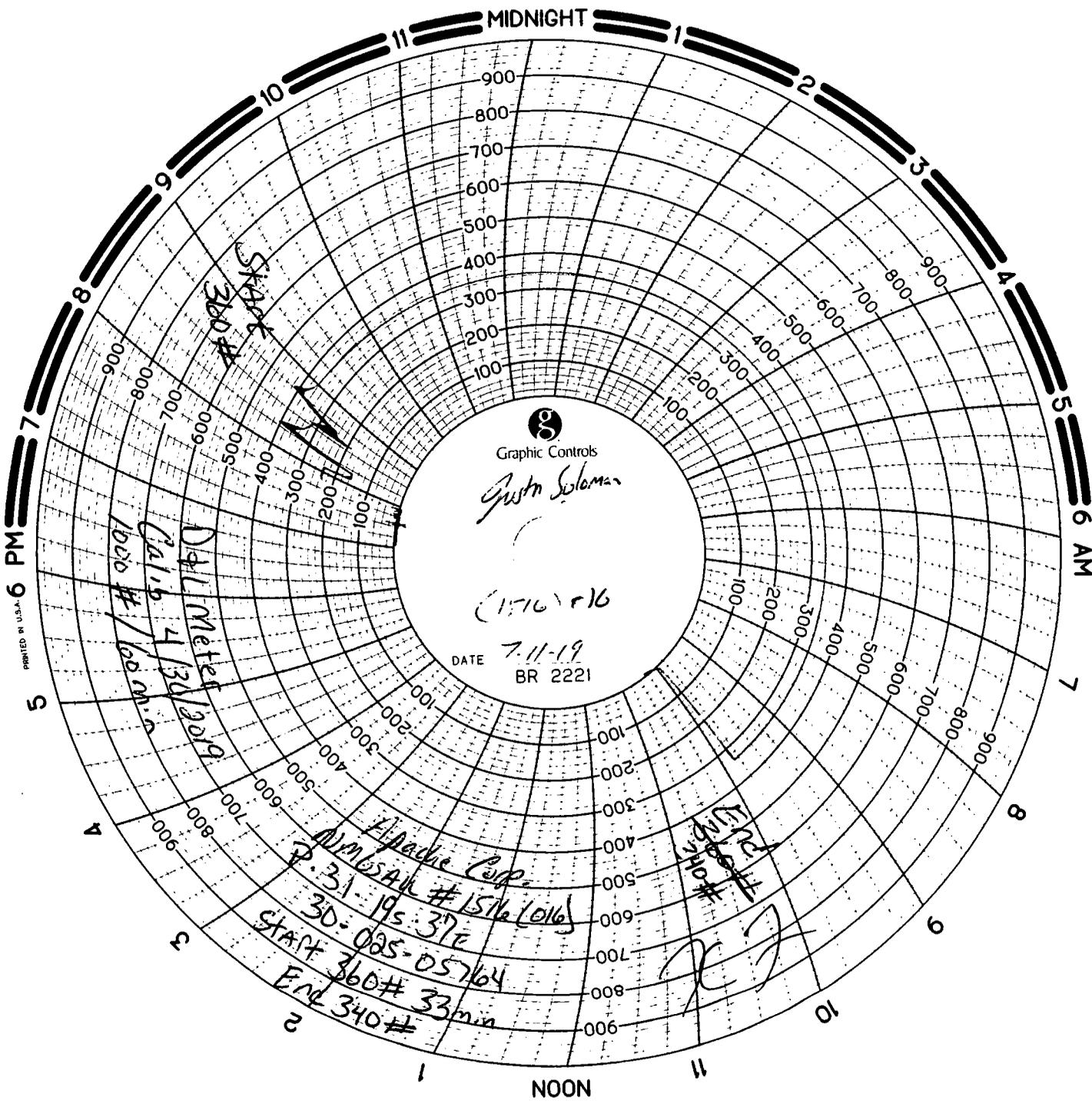
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Justin Solomon TITLE Pumper II DATE 7-12-2019

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

For State Use Only

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



Graphic Controls
Justin Solomon

(1716) r16

DATE 7-11-19
BR 2221

Alpachic Corp.
ADMSA # 1576 (016)
P-31-19s-37E
START 360# 05764
END 340# 33min

Dell Meter
Calib. 4/30/2019
1000# / 100 min

START 300#

1000#
1000#

PRINTED IN U.S.A.

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 Apache Corp		* API Number 30-025-05764
Property Name NMBSAU		Well No. 016 (1516)

* Surface Location

UL - Lot	Section	Township	Range	Feet from	NS Line	Feet From	E/V Line	County
P	31	19S	39E	660	S	660	E	Lea

Well Status

TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	OIL <input type="checkbox"/> GAS <input type="checkbox"/>	7-12-19

OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	0	0		150	1080
Flow Characteristics	None	None		Flow	
Puff	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	WTR <input checked="" type="checkbox"/>
Surges	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	Y <input type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Type of Fluid
Gas or Oil	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Injected for
Water	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Waterflood if
					apples

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

(I) Decrease water flow down to trickle never stopped

(E) well shut in until repaired

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