

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. 30-025-05761
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 7
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 **HOBBS OCD**

2. Name of Operator
Apache Corp. **FEB 14 2020**

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

4. Well Location
Unit Letter G: 1980 feet from the N line and 1980 feet from the E line
 Section 31 Township 19S Range 37E 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 checked="" 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"/>	

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.

1. Notify OCD 24 hrs prior to start. MIRU. ND-WH. NU-BOP. POOH & LD tubing.
2. PU & TIH w/ new IPC tubing.
3. Load casing with packer fluid and test casing.
4. ND-BOP. NU-WH.
5. Meet OCD Rep. Kerry Fortner. Test casing to 590# for 32 minutes. Record test on chart recorder. End pressure 595#.
6. See attached chart. Request permission to return well to injection.

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 Joel Sisk TITLE Foreman DATE 2/13/2020

Type or print name Joel Sisk E-mail address: joel.sisk@apachecorp.com PHONE: 575-441-0793
For State Use Only

APPROVED BY: Kerry Fortner TITLE CO DATE 2-17-20
 Conditions of Approval (if any):

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

BRADENHEAD TEST REPORT

APACHE CORPORATION		Operator Name	API Number	
NORTH MONUMENT G/SA UNIT		Property Name	30-025-05761-00-00	Well No. (1507)

Surface Location

UL - Lot G	Section 31	Township 19-S	Range 37-E	Feet from 1980	N/S Line N	Feet From 1980	E/W Line E	County LEA
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Well Status

TA'D Well	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	INS <input checked="" type="checkbox"/> SWD <input type="checkbox"/>	OIL <input type="checkbox"/> GAS <input type="checkbox"/>	2/13/20

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csgng	(E)Tubing
Pressure	0	0	NA	0	0
Flow Characteristics					NOT INS
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	If applicable type
Gas or Oil	Y/N	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood

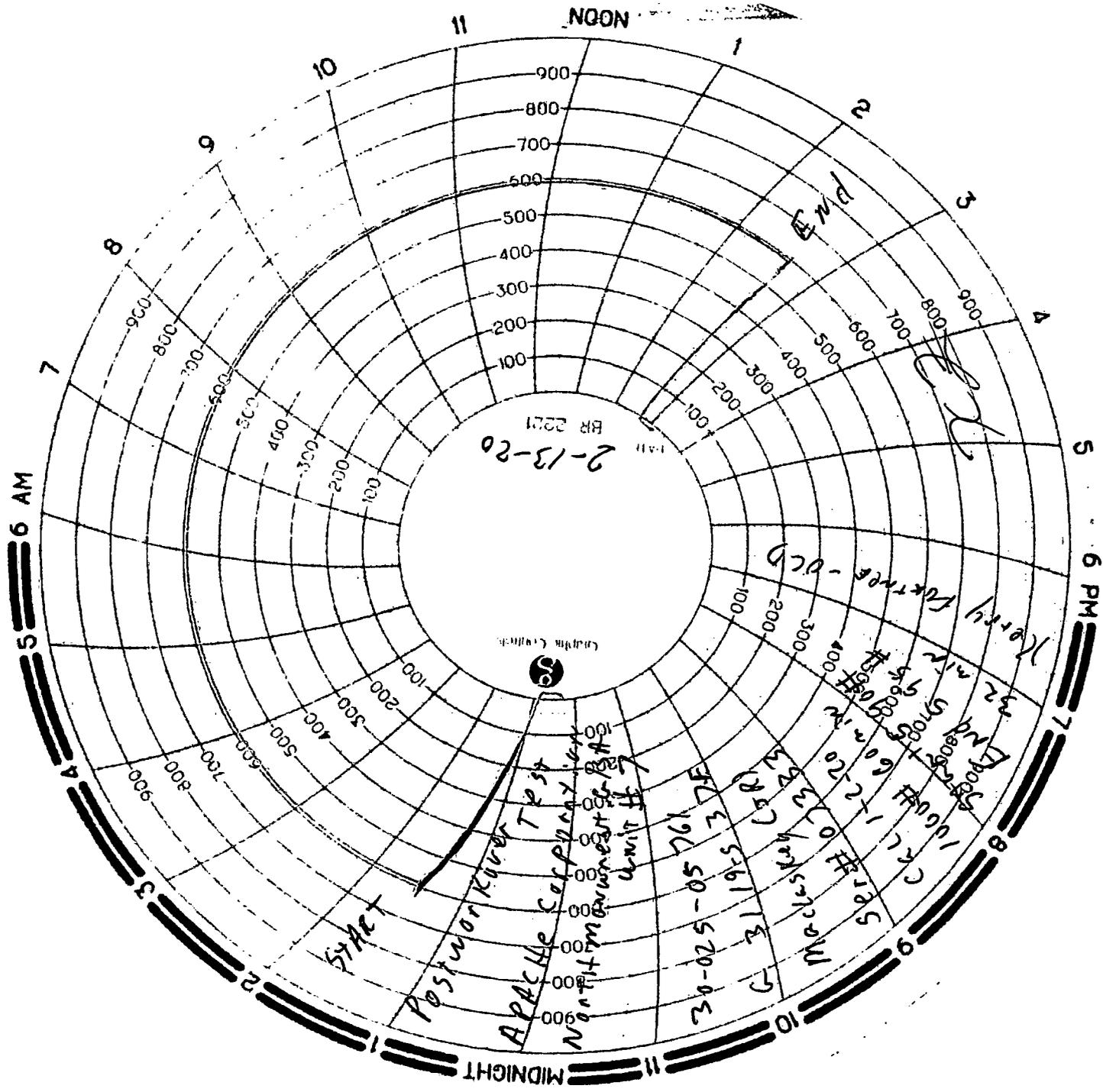
Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

POST WORKOVER TEST

Maclasky (SR)
 Ser# 07333
 CAL 1-2-20

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: 2/13/20	Phone:
Witness: Kerry Fortner-OC D	

575-263-6633



BR 2271
2-13-20

Earth Center

Postmark Karer
 APACHE Carpentry
 Northmount 96/8/10
 Unit # 7

30-025-05 D61

G 3119-5 3 DFE

Westerly 23/25

5015# 0-220

32 m/s

Merry Lakes - DCU
 100
 200
 300
 400
 500
 600
 700
 800
 900

PM

6 AM

6 PM

NOON

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MIDNIGHT

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Sydney

Postmark Karer

APACHE Carpentry

Northmount 96/8/10

Unit # 7

30-025-05 D61

G 3119-5 3 DFE

Westerly 23/25

5015# 0-220

32 m/s

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