

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.

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.)		7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 15
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Injection well <input type="checkbox"/>	8. Well Number 7	9. OGRID Number 873
2. Name of Operator Apache Corp.	10. Pool name or Wildcat Eunice Monument G/SA	
3. Address of Operator P O box Drawer D Monument NM 88265		
4. Well Location Unit Letter <u>G</u> : <u>1980</u> feet from the <u>N</u> line and <u>1980</u> feet from the <u>E</u> line Section <u>31</u> Township <u>19S</u> Range <u>37E</u> 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@apacheccorp.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

Operator Name APACHE CORPORATION		API Number 30-025-05761-00-00	
Property Name NORTH MONUMENT G/SA UNIT		Well No. 007	(1507)

2. 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 YES NO	SHUT-IN YES NO	INJECTOR INJ SWD	PRODUCER OIL GAS	DATE 2/13/20
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(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

