

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. 30-025-05576
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name State EU
8. Well Number 1
9. OGRID Number 873
10. Pool name or Wildcat Eumont Yates 7RQ

**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-10) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other ☐

2. Name of Operator  
Apache Corp.

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

4. Well Location  
Unit Letter G: 1650 feet from the N line and 1650 feet from the E line  
Section 8 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:**  
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

**SUBSEQUENT REPORT OF:**  
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: TA 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.

1. RU Maclaskey truck and recorder.
2. Pressure up casing to 605# for 32 minutes end pressure 595#.
3. Record test on chart recorder. Bleed off pressure.
4. Request TA extension.

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 4/28/21  
Well needs to be PLUGGED OR RETURNED  
to PRODUCTION  
BY THE DATE STATED ABOVE: 7C7

Spud Date:

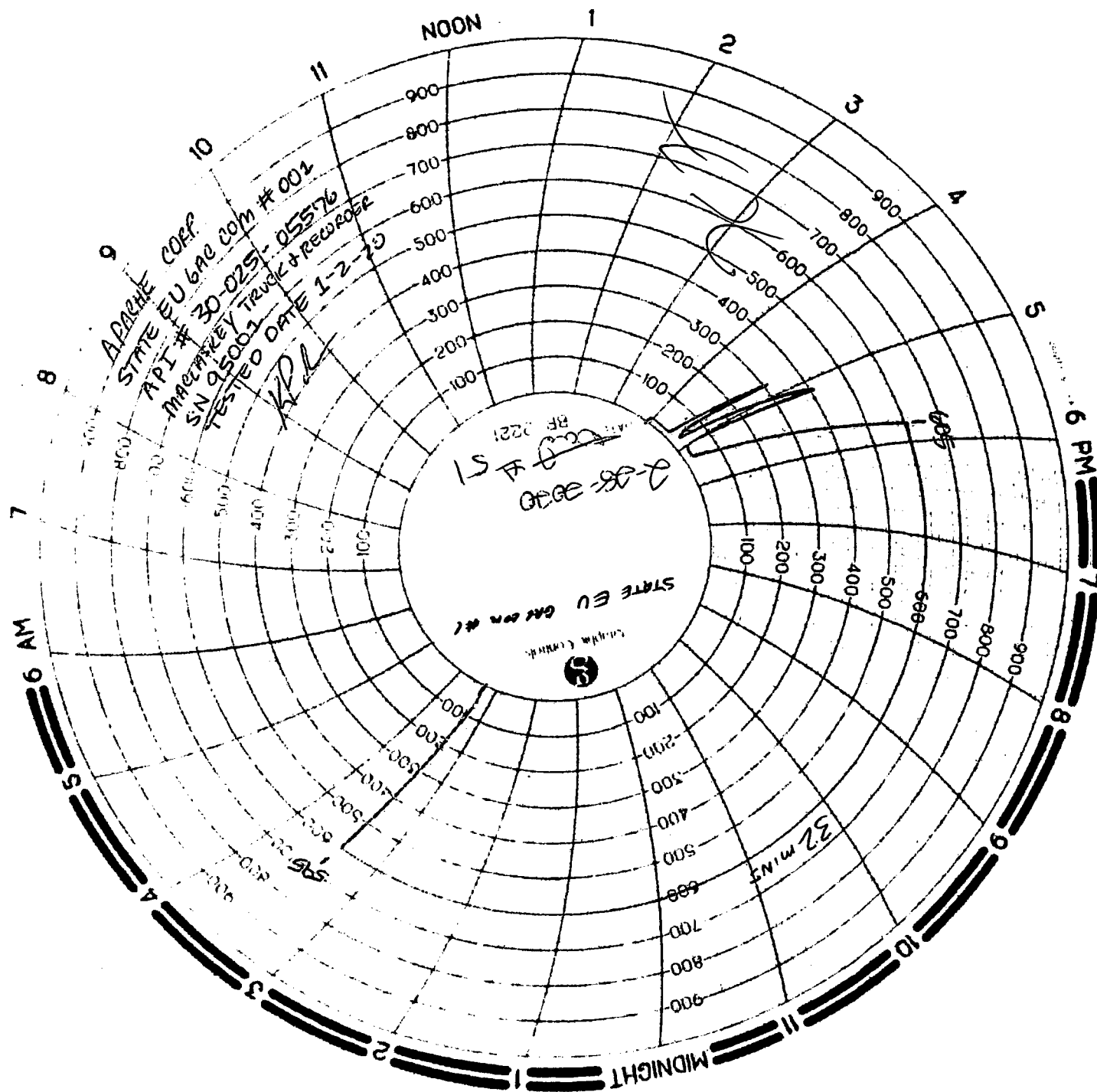
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE KPK TITLE Instrument Tech DATE 2/28/2020

Type or print name Kevin Parker E-mail address: kevin.parker@apacheccorp.com PHONE: 575-441-5171  
**For State Use Only**

APPROVED BY: Kerry Int TITLE CO A DATE 3-4-20

Conditions of Approval (if any):



HOBBS COO

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

MAR 04 2020

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <b>APACHE CORP</b>	API Number <b>30-025-05576</b>
Property Name <b>STATE EU GAS COM</b>	Well No. <b>002</b>

Surface Location

UL - Lot <b>6</b>	Section <b>8</b>	Township <b>19S</b>	Range <b>37E</b>	Feet from <b>1650</b>	NS Line <b>N</b>	Feet from <b>1650</b>	E/W Line <b>E</b>	County <b>LEA</b>
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Well Status

YES <input checked="" type="checkbox"/> TA'D WELL	NO	YES <input type="checkbox"/> SHUT-IN	NO <input checked="" type="checkbox"/> INJ	INJECTOR	SWD	OIL	PRODUCER <input checked="" type="checkbox"/> GAS	DATE <b>2/28/2020</b>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Cmg	(E) Tubing
Pressure	$\emptyset$	N/A	N/A	$\emptyset$	N/A
<b>Flow Characteristics</b>					
Puff	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	CO2 WTR GAS Type of fluid Injected for Waterflood if applicable
Steady Flow	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Surges	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Down to nothing	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Gas or Oil	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Water	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

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

T/A TEST

Signature <b>KPL</b>	OIL CONSERVATION DIVISION
Printed name: <b>KEVIN PARKER</b>	Entered into RBDMS
Title <b>METER TECH</b>	Re-test
E-mail Address: <b>kevin.parker@apachecorp.com</b>	
Date: <b>2/28/2020</b>	Phone: <b>(575) 441-5171</b>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM