

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. 30-025-20517
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 14
8. Well Number X 286
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 ☐ Other Injection Well ☐ **HOEBS OCD**

2. Name of Operator
Apache Corp. **MAR 04 2020**

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

4. Well Location
Unit Letter G: 1980 feet from the N line and 1830 feet from the E line
Section 36 Township 19S Range 36E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3603 DF

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data **J.P.M.**

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. Hook up chart recorder.
2. Pressure up csg to 605# for 32 min. end pressure 600#.
3. Record test on chart. Bleed pressure to zero.
4. Request TA Status.

FINAL TA STATUS- EXTENSION
Approval of TA EXPIRES: 8/28/20
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: **X 7**

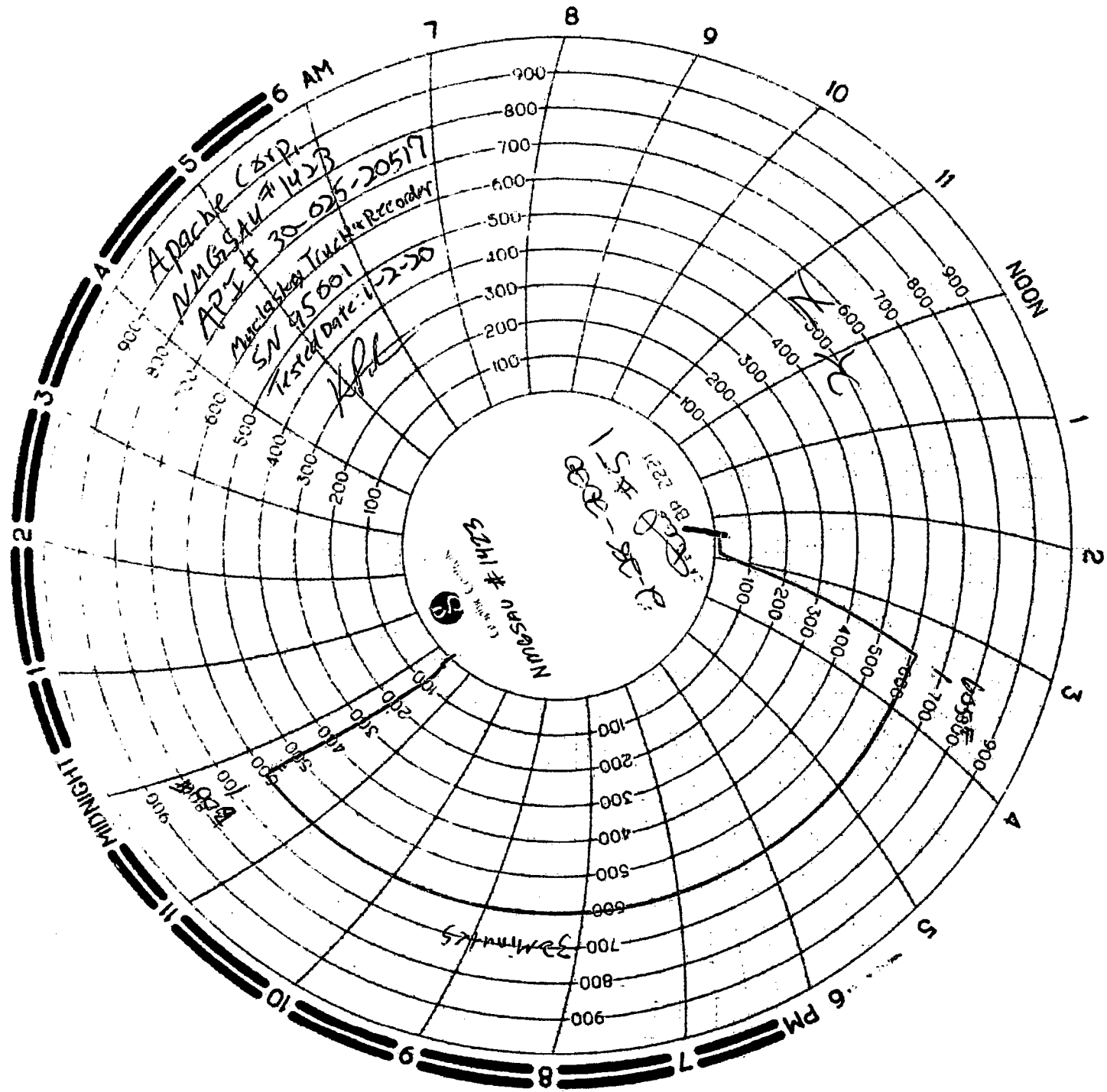
Spud Date: Rig Release Date:

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

SIGNATURE KPR TITLE Meter 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: Kevin Parker TITLE C O DATE 3-4-20
Conditions of Approval (if any)



Apache C842
NMBGAV #1423
APZ # 30-025-20517
Machloger Touch Recorder
SN 45601
Tested Date: 1-2-20
KPL

1232 88 317
154-96-C
NMBGAV # 4241
Machloger Touch Recorder



Division
1625 N French Dr., Hobbs, NM 88240
Phone: (575) 393-6151 Fax: (575) 393-0710

HOBBS OCD

MAR 04 2020

RECEIVED

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 30-025-20517
Property Name NMGSAU	Well No. 1423

Surface Location

UL - Lot G	Section 36	Township 19S	Range 36E	Feet from 1980	NS Line N	Feet from 1830	E/V Line E	County LEA
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Well Status

☒ YES TA'D WELL	☐ NO	☐ YES SHUT-IN	☒ NO	☐ INJ	☐ SWD	☒ OIL PRODUCER	☐ GAS	DATE 2/28/2020
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Cmg	(E) Tubing
Pressure	Ø	N/A	N/A	Ø	NONE
Flow Characteristics					
Puff	Y/(N)	Y/N	Y/N	Y/(N)	CO2 WTR GAS Type of fluid Injected for Waterflood if applies
Steady Flow	Y/(N)	Y/N	Y/N	Y/(N)	
Surges	Y/(N)	Y/N	Y/N	Y/(N)	
Down to nothing	Y/(N)	Y/N	Y/N	Y/(N)	
Gas or Oil	Y/(N)	Y/N	Y/N	Y/(N)	
Water	Y/(N)	Y/N	Y/N	Y/(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 KPL	OIL CONSERVATION DIVISION
Printed name: KEVIN PARKER	Entered into RBDMS
Title METER TECH	Re-test
E-mail Address: kevin.parker@apachecorp.com	
Date: 2/28/2020	Phone: (575) 441-5171
Witness	

INSTRUCTIONS ON BACK OF THIS FORM