

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 Kilo 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" (FOR PROPOSALS).)

1. Type of Well: Oil Well  Gas Well  Injection well

2. Name of Operator  
Apache Corp. MAY 01 2020

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

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.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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: TA Test <input checked="" 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 work.
2. Set RBP at 480'. Load casing w/ packer fluid.
3. Pressure up csg to 580 psi for 35 mins ending pressure 560 psi.
4. Record test on chart w/ Maclaskey truck and recorder tested 1/20/20.
5. Request TA status for well.

**FINAL TA STATUS- EXTENSION**

Approval of TA EXPIRES: 4/29/25  
 Well needs to be PLUGGED OR RETURNED  
 to PRODUCTION  
 BY THE DATE STATED ABOVE: RT

Spud Date:

Ri

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

SIGNATURE Robert Skinner TITLE Sr. Pumper DATE 4/29/2020

Type or print name Robert Skinner E-mail address: robert.skinner@apacheccorp.com PHONE: 575-390-9253  
**For State Use Only**

APPROVED BY: Kerry Int TITLE CO A DATE 5-1-20  
 Conditions of Approval (if any):

District 1  
 1635 N French Dr., Hobbs, NM 88240  
 Phone: (575) 392-6161 Fax: (575) 392-0720

HOBBS OCD

MAY 01 2020

RECEIVED

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

BRADENHEAD TEST REPORT

Operator Name <b>APACHE CORP.</b>	API Number <b>30-025-05764</b>
Property Name <b>NMBSAU</b>	Well No. <b>1516</b>

Surface Location

UL - Lot <b>P</b>	Section <b>31</b>	Township <b>19S</b>	Range <b>37E</b>	Feet from <b>660</b>	NS Line <b>5</b>	Feet from <b>660</b>	E/W Line <b>E</b>	County <b>LEA</b>
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Well Status

<input checked="" type="checkbox"/> YES	TA'D WELL	NO	<input checked="" type="checkbox"/> YES	SHUT-IN	NO	<input checked="" type="checkbox"/> INJ	INJECTOR	SWD	OIL	PRODUCER	GAS	DATE <b>4/29/20</b>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Cmg	(E) Tubing
Pressure	Ø	Ø	NH	Ø	N/A
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2 WTR GAS Type of fluid injected for Waterflood if applicable
Steady Flow	Y/N	Y/N	Y/N	Y/N	
Surges	Y/N	Y/N	Y/N	Y/N	
Down to nothing	Ø/N	Ø/N	Y/N	Ø/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.

Signature <i>Robert Skinner</i>	OIL CONSERVATION DIVISION
Printed name: <b>Robert Skinner</b>	Entered into RBDMS
Title <b>sr. Pumper</b>	Re-test <i>[Signature]</i>
E-mail Address: <b>Robert.Skinner@apachecorp.com</b>	
Date: <b>4-29-20</b>	Phone: <b>(575) 390-9253</b>
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

HOBBS

MAY 01 2020

RECEIVED

