

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. 30-025-38452
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.
8. Well Number 347
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

2. Name of Operator
Apache Corp. **HOBBS OCD**

3. Address of Operator
P O box Drawer D Monument NM 88265 **AUG 07 2020**

4. Well Location
 Unit Letter C : 170 feet from the RECEIVED 2370 feet from the W line
 Section 19 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 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: 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.

MIRU Sunset Hot Oiler.
 Execute Bradenhead test.
 Pressure up on csg to 590# for 32 minutes ending pressure 590#. Record test on chart.
 Release pressure. Request TA extension.

*Final
 Extension*

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 1-31-21
 Well needs to be PLUGGED OR RETURNED
 to PRODUCTION
 BY THE DATE STATED ABOVE: JS

Spud 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 7/31/2020

Type or print name Joel Sisk E-mail address: joel.sisk@apacheccorp.com PHONE: 575-441-0793

For State Use Only

APPROVED BY: Kenny Felt TITLE CO A DATE 8-7-20
 Conditions of Approval (if any):

Apache Corp.
NMB 5A4 #347
30-025-38452
C-19-195-37E
Start 590#
End 590#
32 minutes
American/Leve 147147
Set # 594019
Call 3-31-20
Sunset Trucking
Paul Smith

Start
590#

7-31-20

End
590#
End
590#

32 minutes
JC

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 30-025-38452
Property Name NMGSAU	Well No. 347

Surface Location

UL - Lot C	Section 19	Township 19S	Range 37E	Feet from 170	N/S Line N	Feet From 2370	E/W Line W	County Lea
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Well Status

<input checked="" type="checkbox"/> YES TA'D WELL	NO	<input checked="" type="checkbox"/> YES SHUT-IN	NO	INJ	INJECTOR NA	SWD	<input checked="" type="checkbox"/> OIL PRODUCER	GAS	DATE 7-31-20
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OBSERVED DATA

	(A) Surface	(B) Intern(1)	(C) Intern(2)	(D) Prod Csg	(E) Tubing
Pressure	10#	NA	NA	0#	NA
Flow Characteristics					CO2 _____ WTR _____ GAS _____ <small>Type of fluid observed for Waterhead if applies.</small>
Puff	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Steady Flow	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	
Surges	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	
Down to nothing	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	
<input checked="" type="checkbox"/> Gas or Oil	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	
Water	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	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.

Signature <i>Joel Sisk</i>	OIL CONSERVATION DIVISION
Printed name Joel Sisk	Entered into RBDMS
Title Foreman	Re-test
E-mail Address: joel.sisk @ apachecorp.com	<i>XJ</i>
Date: 7-31-20	
Phone: 575-441-0793	
Witness	

INSTRUCTIONS ON BACK OF THIS FORM