

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.
 30-025-33251

5. Indicate Type of Lease
 STATE FEE

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.)

1. Type of Well: Oil Well Gas Well

2. Name of Operator
 Apache Corp.

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

4. Well Location
 Unit Letter N : 660 feet from the S line and 1980 feet from the W line
 Section 31 Township 19S Range 37E NMPM Lea County

5. Lease Name or Unit Agreement Name
 J r Phillips A

6. Well Number 10

7. OGRID Number 873

8. Pool name or Wildcat
 Eumont

9. Elevation (Show whether DR, RKB, RT, GR, etc.)

HOBBS
 AUG 07 2020
 RECEIVED

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

NOTICE OF INTENTION TO: 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"/>		SUBSEQUENT REPORT OF: 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.

MIRU Sunset Hot Oiler.
 Execute Bradenhead test.
 Pressure up on csg to 560# for 32 minutes ending pressure 535#. Record test on chart.
 Release pressure. Request TA extension.

Last 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: 27

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: Kerry Sisk TITLE CO A DATE 8-7-20
 Conditions of Approval (if any):

District
1635 N French Dr., Hobbs, NM 88340
Phone: (575) 393-6181 Fax: (575) 197-0720

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

BRADENHEAD TEST REPORT

Operator Name <i>Apache Corp</i>	API Number <i>30-025-33251</i>
Property Name <i>JR Phillips A</i>	Well No. <i>10</i>

Surface Location

UL - Lot <i>N</i>	Section <i>31</i>	Township <i>19S</i>	Range <i>37E</i>	Feet from <i>660</i>	NS Line <i>S</i>	Feet from <i>1980</i>	E/W Line <i>W</i>	County <i>Lea</i>
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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 <i>NA</i>	SWD	OIL	PRODUCER <input checked="" type="checkbox"/> GAS	DATE
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OBSERVED DATA

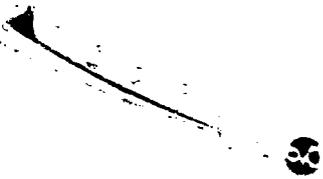
	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>25 #</i>	
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<input checked="" type="checkbox"/> <i>Y/N</i>	CO2
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS
Down to nothing	<input checked="" type="checkbox"/> <i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<input checked="" type="checkbox"/> <i>Y/N</i>	Type of fluid observed for waterhead if applies
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

INSTRUCTIONS ON BACK OF THIS FORM

4095
-560#
A1115



7-31-20

JK

37 minutes

END
-53#

Apache Corp.
JRM:llps A #10
30-025-33251
N-31-195-37E
3497560#
ENT 535#
32 MINUTES
AMERICAN
SER # 594014
CALIF. 3-31-20
SUNSET TRUCK
Jed Bell