

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103

Revised August 1, 2011

WELL API NO. 30-025-01963
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
6. State Oil & Gas Lease No. B1520
7. Lease Name or Unit Agreement Name BRIDGES STATE
8. Well Number 086
9. OGRID Number 298299
10. Pool name or Wildcat VACUUM; QUEEN (GAS)

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 <input checked="" type="checkbox"/> Other	
2. Name of Operator CROSS TIMBERS ENERGY, LLC	
3. Address of Operator 400 W. 7 <sup>TH</sup> STREET, FORT WORTH, TEXAS 76102	
4. Well Location Unit Letter P : 330 feet from the SOUTH line and 330 feet from the EAST line Section 03      Township 17S      Range 34E      NMPM      County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4,056' - GR	

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐      ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐      P AND A ☒  
CASING/CEMENT JOB ☐

OTHER: WELL PLUGGED AND ABANDONED: 07/01/20

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.

06/29/20: TAG EXISTING 5-1/2" CIBP + CMT. @ 3,840'; CIRC. WELL W/ M.L.F.; PRES. TEST 5-1/2" CSG. TO 500# - HELD FOR 15 MINS.

06/30/20: PUMP 25 SXS. CMT. @ 3,840'-3,770'; PUMP 25 SXS. CMT. @ 2,780'; WOC X TAG CMT. PLUG @ 2,530'; PUMP 25 SXS. CMT. @ 1,710'-1,610'.

07/01/20: MIX X CIRC. TO SURF. 25 SXS. CMT. @ 200'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; VERIFIED CMT. TO SURF. ON ALL ANNULI; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

Spud Date: MIRU: 06/28/20

Rig Release Date: RDMO: 07/01/20

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

SIGNATURE \_\_\_\_\_ TITLE: AGENT

DATE: 07/03/20

Type or print name: DAVID A. EYLER

E-mail address: [deyler@milagro-res.com](mailto:deyler@milagro-res.com)

PHONE: 432.687.3033

**For State Use Only**

APPROVED BY: Henry Sate TITLE: COA DATE: 9-3-20  
Conditions of Approval (if any)

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. 30-025-37934
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. 6
8. Well Number 340
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-103) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/>	
2. Name of Operator Apache Corp.	
3. Address of Operator P O box Drawer D Monument NM 88265	
4. Well Location Unit Letter <u>O</u> : <u>165</u> feet from the <u>S</u> line and <u>2630</u> feet from the <u>E</u> line Section <u>20</u> Township <u>19S</u> Range <u>37E</u> 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: <u>TA Test</u> <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.  
Perform Bradenhead test.  
Pressure up on csg to 600# for 32 minutes ending pressure 595#. Record test on chart.  
Release pressure. Request TA extension.

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 9-1-21  
Well needs to be PLUGGED OR RETURNED  
to PRODUCTION  
BY THE DATE STATED ABOVE: 27

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 Joel Sisk TITLE Foreman DATE 8/31/2020

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

For State Use Only

APPROVED BY: Kerry Int TITLE C O A DATE 9-3-20  
Conditions of Approval (if any)

Index 1  
1625 N French Dr., Hobbs, NM 88320  
Phone: (575) 397-6161 Fax: (575) 397-0720

HOB

SEP

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

RE

BRADENHEAD TEST REPORT

Operator Name <b>Apache Corp.</b>	API Number <b>30-025-37934</b>
Property Name <b>NMGSAH</b>	Well No. <b>340</b>

Surface Location

UL - Lot <b>0</b>	Section <b>20</b>	Township <b>19S</b>	Range <b>37E</b>	Feet from <b>165</b>	NS Line <b>5</b>	Feet from <b>2630</b>	EAV Line <b>E</b>	County <b>LC9</b>
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Well Status

TA'D WELL <input checked="" type="checkbox"/> YES	NO	SHUT-IN <input checked="" type="checkbox"/> YES	NO	INJ <b>NA</b>	INJECTOR <b>NA</b>	SWD	PRODUCER <input checked="" type="checkbox"/> OIL	GAS	DATE <b>8-31-20</b>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>—</b>	<b>—</b>	<b>0</b>	
Flow Characteristics					
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
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	WTR
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	GAS
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	Type of fluid Inferred for Waterflood if applies
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.

Signature <b>Joel Sisk</b>	OIL CONSERVATION DIVISION
Printed name: <b>Joel Sisk</b>	Entered into RBDMS
Title <b>Foreman</b>	Re-test
E-mail Address: <b>joel.sisk@apachecorp.com</b>	
Date: <b>8-31-20</b>	
Phone: <b>575-441-0793</b>	
Witness: <b>Juan arreo19</b>	

INSTRUCTIONS ON BACK OF THIS FORM

