

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. 30-025-32441
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. 76480
7. Lease Name or Unit Byrd Gas Com
8. Well Number 8
9. OGRID Number 000873
10. Pool name or Wildcat Eumont Yates 7RQ

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 ☐
2. Name of Operator Apache Corp.
3. Address of Operator P O box Drawer D Monument NM 88265
4. Well Location Unit Letter <u>K</u> : <u>2310</u> feet from the <u>S</u> line and <u>1650</u> feet the <u>W</u> line Section <u>11</u> Township <u>20S</u> Range <u>36E</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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
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.

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

Spud Date: Rig R:
Approval of TA EXPIRES: 8-31-21
Well needs to be PLUGGED OR RETURNED
to PRODUCTION
BY THE DATE STATED ABOVE: XZ

I hereby certify that the information above is true and complete

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):

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 399-4151 Fax: (575) 397-0720

HOBBS OCD

SEP 01 2020

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

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Apache Corp.</i>	API Number <i>30-025-32441</i>
Property Name <i>Byrd Gas Com.</i>	Well No. <i>8</i>

Surface Location

UL - Lot <i>K</i>	Section <i>11</i>	Township <i>20S</i>	Range <i>36E</i>	Feet from <i>2310</i>	NS Line <i>5</i>	Feet from <i>1650</i>	E/W Line <i>W</i>	County <i>Lea</i>
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Well Status

TA'D WELL ☒ YES ☐ NO	SHUT-IN ☒ YES ☐ NO	INJ <i>NA</i>	SWD	OIL	PRODUCER ☒ GAS	DATE <i>8-31-20</i>
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Cmg	(E) Tubing
Pressure	<i>0</i>	<i>-</i>	<i>-</i>	<i>0</i>	
Flow Characteristics					
Pull	☒ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☒ Y ☐ N	CO2 _____ WTR _____ GAS _____ Type of fluid referred for viscosity and analysis
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.

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>X J</i>
Date: <i>8-31-20</i>	
Phone: <i>575-441-0793</i>	
Witness: <i>Juan Arreola</i>	

INSTRUCTIONS ON BACK OF THIS FORM

