

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

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK INTO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-102) 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 O: 165 feet from the S line and 2630 feet from the E line
 Section 20 Township 19S Range 37E NMPM Lea County

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

HOBBS
 SEP 01 2020
 RECEIVED

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 Oilier.
 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: X 7

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: Kenny Fort TITLE C O A DATE 9-18-20
 Conditions of Approval (if any)

District I
1623 N French Dr., Hobbs, NM 88320
Phone: (575) 397-6151 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 <i>Apache Corp</i>	API Number <i>30-025-37934</i>
Property Name <i>NMGSAU</i>	Well No. <i>340</i>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>0</i>	<i>20</i>	<i>19S</i>	<i>37E</i>	<i>165</i>	<i>S</i>	<i>2430</i>	<i>E</i>	<i>Lea</i>

Well Status

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

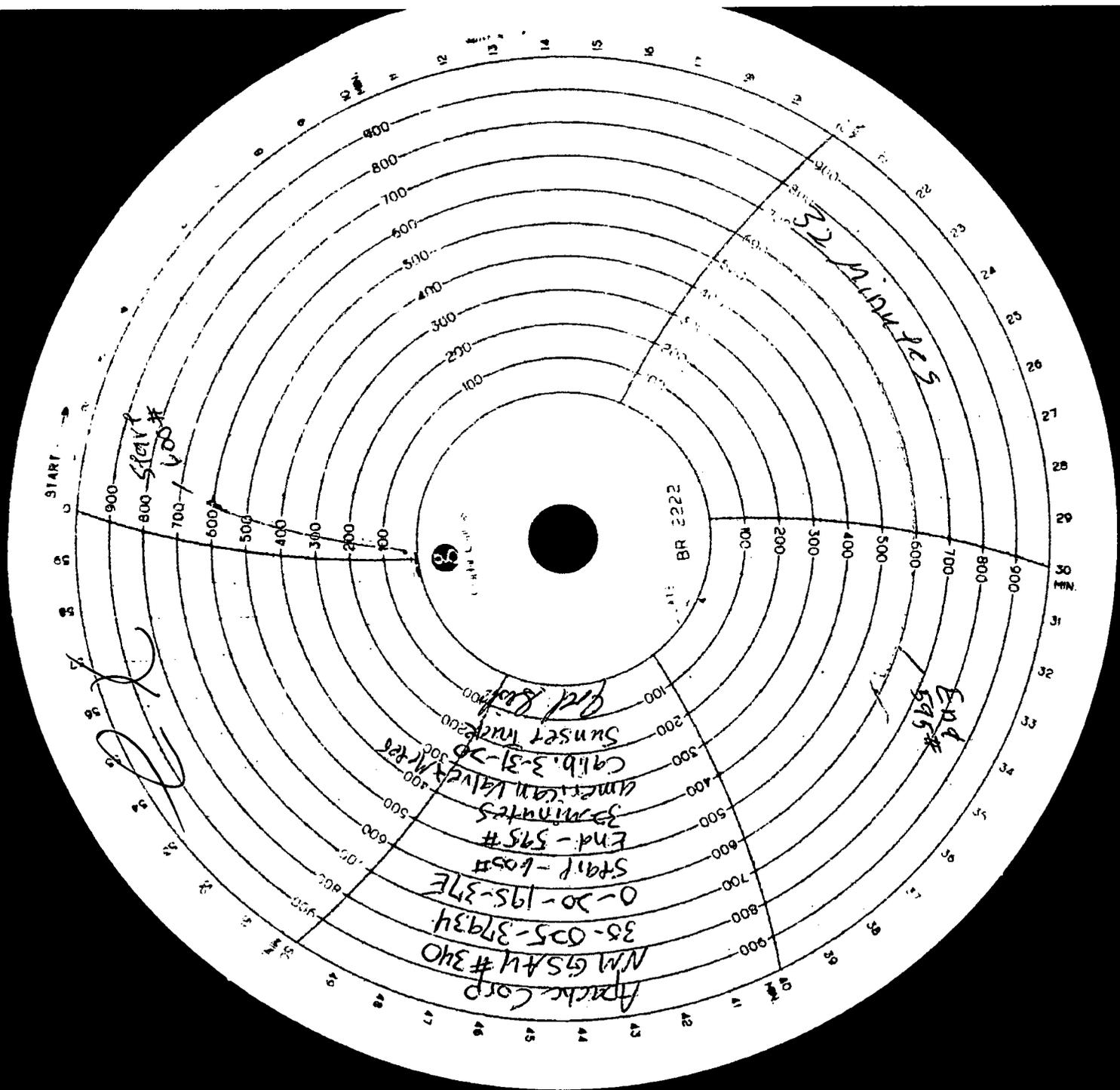
OBSERVED DATA

	(A) Surface	(B) Intern(1)	(C) Intern(2)	(D) Prod Cmg	(E) Tubing
Pressure	<i>0</i>	<i>-</i>	<i>-</i>	<i>0</i>	
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	CO2
Steady Flow	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	WTR
Surges	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	GAS
Down to nothing	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Type of fluid injected for
Gas or Oil	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Water/Oil if
Water	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	applicable

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>8-31-20</i>	
Phone: <i>575-441-0793</i>	
Witness: <i>Juan arreola</i>	

INSTRUCTIONS ON BACK OF THIS FORM



START

32 MIDWY 2

BR 2222

END # 595

Apache Corp
NM GSA # 340
35-025-37934
0-20-195-37E
STAIR - 602H
END - 595 #
32 MINUTES
AMERICAN LAVER
CALIB. 3-31-20
SUNSET INCL 200
Q.D. 800/200

800-1000 #
800-1000 #

[Signature]