BUR	ARTMENT OF THE INTE EAU OF LAND MANAGE	EMENT		FORM APPROVED OMB No 1004-0137 Expires: July 31, 2010 5 Lease Serial No NM 90161			
Do not use this f	OTICES AND REPORTS orm for proposals to dr. Use Form 3160-3 (APD)	6 If Indian, Allottee or Tribe Name					
SUBMI	IN TRIPLICATE – Other Instru	7 If Unit of CA/Agree	ment, Name and/or No				
Type of Well     OII Well     Gas W     Apache Corporation (873)	cell 🗹 Other Convert	to Injectio	n		8 Well Name and No West Blinebry Drinka 9. API Well No. 30-025-09909	ard Unit #034	
3a. Addrcss 6120 S Yale Ave, Suite 1500 Tulsa, OK 74136-4224	3b. F (918	·) -	10 Field and Pool or Exploratory Area Eunice; Blinebry-Tubb-Drinkard, North				
4. Location of Well (Footage, Sec., T., 660' FNL & 1980' FWL UL C, Sec 9, T 21S, R 37E	?, M., or Survey Description)				11 Country or Parish, State Lea County		
12 CHEC	K THE APPROPRIATE BOX(ES	) TO INDI	CATENATURE	OF NOTIC	E, REPORT OR OTHE	ER DATA	
TYPE OF SUBMISSION		E OF ACTI	ION				
Notice of Intent	Acidize		re Treat	Recla	iction (Start/Resume) imation	Water Shut-Off	
Subsequent Report	Casing Repair	Plug a	Construction nd Abandon	Temp	mplete porarily Abandon	Other	
Final Abandonment Notice	Convert to Injection	Plug E			er Disposal		
<ol> <li>testing has been completed. Final determined that the site is ready for</li> <li>This well is currently producing from</li> <li>Pursuant to R-12981 effective 9/1/2</li> <li>MIRU.</li> <li>POOH w/ production equipmen</li> <li>Isolate &amp; squeeze Tubb interva</li> <li>Drill out and test squeeze.</li> <li>Drill out and test squeeze.</li> <li>Drill out and pull Model D pkr w</li> <li>Drill out cmt &amp; CIBP fr/ 6612' - 6</li> <li>Clean well out to PBTD @ 6726</li> <li>Isolate &amp; acidize Drinkard 6510</li> <li>Isolate &amp; acidize Blinebry 5776</li> <li>RIH w/ IPC injection tubing &amp; pi</li> <li>Notify BLM office prior to pressi</li> <li>Set up surface equipment.</li> </ol>	r final inspection ) i the Blinebry/Tubb w/ CIBP's of 008, Apache proposes to conve t. I from 6230' - 6350' - 6420' / 3 its 2-1/16" tailpile @ 6645'. 6622'. 3'. - 6721'. - 6721'. - 6065'. acker to 5700'. SEE AT ure testing casing constructs Drinkard.	ver the Dr ert this we SUE APP TACH TION	inkard Il to injection via <b>NECT TO L</b> ROVAL BY	the following of the fo	ing procedure.	Completed and the operator has RECEIVED AUG 2 8 2009 HOBBSOCD AUG 2 6 2009 /s/ Chris Walls REAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE	
14 Thereby certify that the foregoing is t Sophie Mackay	rue and correct. Name (Printed/Type	ng Techni	lician				
Signature A. Mackay Date 03/25/2009							
	THIS SPACE FOR	R FEDE	RAL OR STA	TE OFF	FICE USE		
Approved by	C	AL		CT 1 91	JPERVISOR	SEP 0 1 2009	
Conditions of approval, if any; are attached that the applicant holds legal or equitable t entitle the applicant to conduct operations	ttle to those rights in the subject leas		ertify				
Title 18 U S C Section 1001 and Title 43 ficitious or fraudulent statements or repre-				d willfully to	o make to any departmen	t or agency of the United States any false.	
(Instructions on page 2)					nning MIT Test		

Present\_



TD: 6782-

## Proposed

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WELL DATA SHEET Last Update: 10-29-08



West Blinebry Drinkard Unit Unit 34 30-025-09909 Apache Corp. August 18, 2009 Conditions of Approval

- 1. Surface disturbance beyond the existing pad must have prior approval.
- 2. Closed loop system required.
- 3. Operator to have H2S monitoring equipment on location as H2S has been reported in the area.
- 4. A minimum of a 2M BOP is required and must be tested before starting work.
- 5. Subsequent sundry with date when well is converted to injection, and completion report required.

6. Within 90 days, put well online or submit plans for well.

CRW 081809

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## State of New Mexico State of New Mexico Department OIL CONSERVATION DIVISION

AUG 07 2009 1220 South St. Francis Dr.

HOBBSOCD Santa Fe, NM 87505

Revised October 12, 2005 Submit to Appropriate District Office State Lease - 4 Copies Fce Lease - 3 Copies

1000 Rio Brazos Rd., Aztec, NM 87410 District LV 1220 S. St. Francis Dr., Santa Fe, NM 87505

1625 N. French Dr., Hobbs, NM 88240

1301 W. Grand Avenue, Artesia, NM 88210

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## ☐ AMENDED REPORT

Form C-102

## WELL LOCATION AND ACREAGE DEDICATION PLAT

	API Numbe	r		<sup>2</sup> Pool Code		' Pool Name				
30-025-0990	9		22900		Euni	Eunice, Blinebry-Tubb-Drinkard, North				
<sup>4</sup> Property 6	Code	`Property Name							Well Number	
37346		West Bline	est Blinebry Drinkard Unit 034							
<sup>7</sup> OGRID	No.	* Operator Name * Elevation							<sup>*</sup> Elevation	
873		Apache Co	rporation	n (873)		3488'				
<sup>10</sup> Surface Location										
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County	
С	9	21S	37E	С	660'	North ` '	1980'	West	Lea	

<sup>11</sup> Bottom Hole Location If Different From Surface									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line		East/West line	County
<sup>12</sup> Dedicated Acres	<sup>11</sup> Joint or	Infill <sup>14</sup> C	onsolidation C	ode <sup>15</sup> Orc	ler No.				

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

16  [980'	<b>160</b>		<sup>17</sup> <b>OPERATOR CERTIFICATION</b> I hereby certify that the information contained herem is true and complete to the best of my knowledge and belief and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest or to a soluntary pooling agreement or a compulsory pooling order heretafore entered by the division
		þ	Signature Date Date
			<sup>18</sup> SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief
			Date of Survey Signature and Scal of Professional Surveyo: Certificate Number

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