

Submit 3 Copies 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

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

RECEIVED

Form C-103
June 19, 2008

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.)		WELL AP NO. 30-025-06397
1. Type of Well: <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: Injection Well		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Apache Corporation		6. State Oil & Gas Lease No. NA
3. Address of Operator 6120 S Yale Ave, Suite 1500 Tulsa, OK 74136		7. Lease Name or Unit Agreement Name West Blinebry Drinkard Unit
4. Well Location Unit Letter 1 : 1980 feet from the South line and 660 feet from the East line Section 4 Township 21S Range 37E NMPM County Lea		8. Well Number 8
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3470' GR		9. OGRID Number 873
		10. Pool name or Wildcat Eunice; Blinebry-Tubb-Drinkard, North

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 ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: Converted to Injection ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

In accordance with R-12981-A, this well was converted to injection via the following procedure:

11/12/09 POOH w/prod equip.
11/16/09 CO to PBPTD @ 6675'.
11/19/09 Acidized Drinkard perms w/3k gals 15% HCl. Acidized Blinebry perms w/3k gals 15% HCl.
11/24/09 RIH w/tbg @ 5527' & pkr @ 5550'.
1/21/10 Notified NMOCD of MIT. Ran MIT. Test ok. Injecting water into Blinebry/Drinkard.

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

Amber Cooke

TITLE Engineering Tech

DATE 02/03/2010

Type or print name Amber Cooke

E-mail address: amber.cooke@apachecorp.com

PHONE: 918.491.4968

For State Use Only

OC FIELD REPRESENTATIVE / STAFF MANAGER

APPROVED BY:

[Signature]

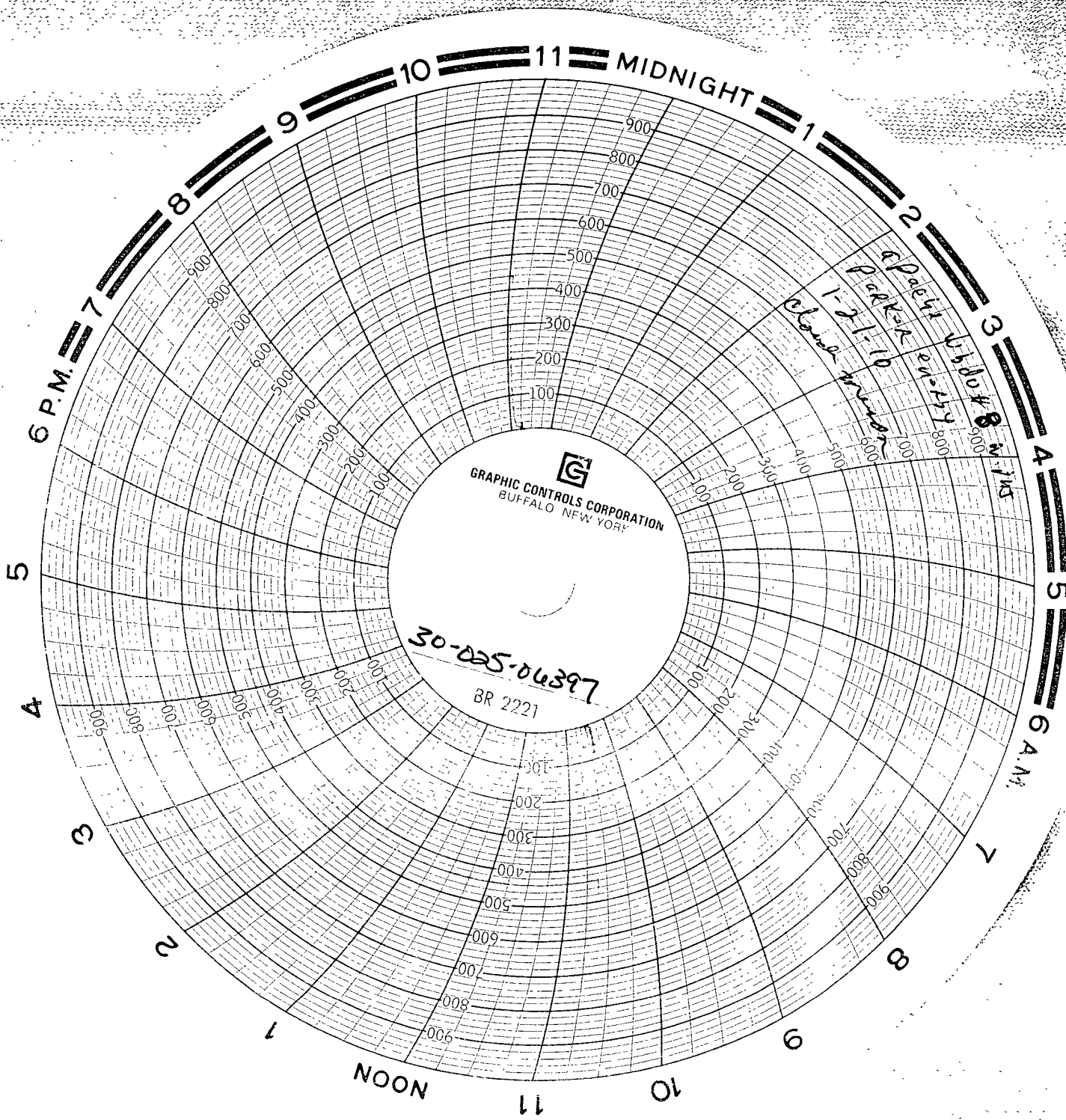
TITLE

DATE

2-10-10

Conditions of Approval (if any):

R-12981-A Inj



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Form C-105
July 17, 2008

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, 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 Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505		1. WELL API NO. 2. Type of Lease <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN 3. State Oil & Gas Lease No. NA																															
WELL COMPLETION OR RECOMPLETION REPORT AND LOG																																			
4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input checked="" type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)				5. Lease Name or Unit Agreement Name West Blinbry Drinkard Unit 6. Well Number: 8																															
7. Type of Completion: <input type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input checked="" type="checkbox"/> OTHER Convert to Injection				9. OGRID 873																															
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Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County																										
Surface:	1	4	21S	37E	1980	South	660	East	Lea																										
BH:																																			
13. Date Spudded		14. Date T.D. Reached		15. Date Rig Released		16. Date Completed (Ready to Produce) 01/21/2010		17. Elevations (DF and RKB, RT, GR, etc.) 3470' GR																											
18. Total Measured Depth of Well 6756'		19. Plug Back Measured Depth 6675'		20. Was Directional Survey Made?		21. Type Electric and Other Logs Run																													
22. Producing Interval(s), of this completion - Top, Bottom, Name																																			
23. CASING RECORD (Report all strings set in well)																																			
CASING SIZE		WEIGHT LB/FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED																									
NC																																			
24. LINER RECORD										25. TUBING RECORD																									
SIZE		TOP		BOTTOM		SACKS CEMENT		SCREEN		SIZE		DEPTH SET		PACKER SET																					
										2-3/8"		5527'		5550'																					
26. Perforation record (interval, size, and number) Blinbry 5610' - 5970' Drinkard 6538' - 6670'										27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. <table border="1"> <tr> <th>DEPTH INTERVAL</th> <th>AMOUNT AND KIND MATERIAL USED</th> </tr> <tr> <td>5610' - 5970'</td> <td>Acidized w/3k gals 15% HCl.</td> </tr> <tr> <td>6538' - 6670'</td> <td>Acidized w/3k gals 15% HCl.</td> </tr> </table>		DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED	5610' - 5970'	Acidized w/3k gals 15% HCl.	6538' - 6670'	Acidized w/3k gals 15% HCl.																		
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28. PRODUCTION																																			
Date First Production 01/21/2010		Production Method (Flowing, gas lift, pumping - Size and type pump)						Well Status (Prod. or Shut-in) Injection																											
Date of Test		Hours Tested		Choke Size		Prod'n For Test Period		Oil - Bbl		Gas - MCF		Water - Bbl.		Gas - Oil Ratio																					
Flow Tubing Press.		Casing Pressure		Calculated 24-Hour Rate		Oil - Bbl.		Gas - MCF		Water - Bbl.		Oil Gravity - API - (Corr.)																							
29. Disposition of Gas (Sold, used for fuel, vented, etc.)												30. Test Witnessed By																							
31. List Attachments Sundry and MIT chart																																			
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.																																			
33. If an on-site burial was used at the well, report the exact location of the on-site burial:																																			
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief																																			
Signature Amber Cooke		Printed Name Amber Cooke				Title Engineering Tech				Date 02/23/2010																									
E-mail Address amber.cooke@apachecorp.com																																			

