

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. BOX 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-06446

5. Indicate Type of Lease

☐ STATE

☒ FEE

6. State Oil & Gas Lease No.

22503

7. Lease Name or Unit Agreement Name

Northeast Drinkard Unit

8. Well No.

408

9. Pool name or Wildcat

Eunice N. Blinbry-Tubb-Drinkard

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

INJECTION

2. Name of Operator

Apache Corporation

3. Address of Operator

2000 Post Oak Blvd., Ste. 100, Houston, Texas 77056-4400

4. Well Location

Unit Letter A : 660

Feet From The North Line and 660

Feet From The East Line

Section 10 Township

21S

Range 37E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3440' GR

11.

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

☐ Other

SUBSEQUENT REPORT OF:

☐ Remedial Work

☐ Altering Casing

☐ Commence Drilling Operations

☐ Plug and Abandonment

☐ Casing Test and Cement Job

☒ Other

Convert to Injection

12. 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.

10/19/98 MIRU. POH & LD rods.

10/20/98 POH & LD tbg. RIH w / tbg, bit & scraper. Pumped 260 BPW to circulate hole.

10/21/98 RIH w / pkr and set @ 5666'. Pressure test casing to 550# - held.

10/22/98 POOH w / WS & LD. RIH w / 2-3/8" tbg and pkr. Let pkr hang @ 5650'.

10/23/98 Set pkr @ 5682'. Tested backside to 550# - held. Displaced casing w / pkr fluid. ND BOP, NU WH.
MIT test backside to 500# for 15 mins - MIT test good. (See Attached) Put on injection.

WFX-722

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

SIGNATURE

Debra J. Anderson

TITLE

Engineering Technician

DATE 11/23/98

TYPE OR PRINT NAME

Debra J. Anderson

TELEPHONE NO. 713-296-6338

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JCS N

GA