

APR 30 2024

RAILROAD COMMISSION OF TEXAS  
Oil and Gas Division

Form H-5

06/03/85 DBC0697

READ INSTRUCTIONS ON BACK

PLEASE TYPE OR PRINT

Disposal/Injection Well  
Pressure Test Report

UIC CONTROL NO.
Type _____
FOR RRC USE ONLY

1. OPERATOR'S NAME Apache Corporation		2. RRC OPERATOR NO. 027200	
3. ADDRESS 303 Veterans Airpark Lane, Suite 3000 Midland, TX 79705		4. RRC DISTRICT NO. 08	
		5. COUNTY CRANE	
6. FIELD NAME (Exactly as shown on proration schedule) MCELROY		7. FIELD NO. 59337001	8. API NO. 42-103-05747
9. LEASE NAME NORTH MCELROY UNIT		10a. OIL LEASE NO. 20377	10b. GAS ID NO. 11. WELL NO. 3744W

12. REASON FOR TEST <input type="checkbox"/> Initial Test Prior to Injection <input type="checkbox"/> After Workover <input checked="" type="checkbox"/> Annual Test Required By Permit <input type="checkbox"/> Five-Year Test Required By Rule <input type="checkbox"/> Other (Specify) _____	13. DATE OF TEST 05/02/2019	14. RETEST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, see Instruction No. 5							
	15. WELL COMPLETION								
	<table border="1"> <tr><th>size</th><th>depth set</th></tr> <tr><td>Surface Casing</td><td>8-5/8" 532'</td></tr> <tr><td>Long String Casing</td><td>5-1/2" 3805'</td></tr> <tr><td>Tubing</td><td>2-3/8" 3450'</td></tr> </table>		size	depth set	Surface Casing	8-5/8" 532'	Long String Casing	5-1/2" 3805'	Tubing
size	depth set								
Surface Casing	8-5/8" 532'								
Long String Casing	5-1/2" 3805'								
Tubing	2-3/8" 3450'								
16a. PACKER MAKE AND MODEL BAKER AD-1	16b. DEPTH SET 3450'								
17. AUTHORIZED INJECTION PRESSURE (PSIG): 1400									

18a. PERMITTED INJECTION INTERVAL Top 3570' Bottom 3724'	18b. COMPLETED INJECTION INTERVAL Top 3570' Bottom 3724'
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19. TEST PRESSURE (PSIG) [see Instructions 4(c) and 4(d)]							
TIME	TUBING	CASING	SURFACE CSG.	TIME	TUBING	CASING	SURFACE CSG.
Initial	200	580	0				
15 min	200	580	0				
30 min	200	580	0				

20. CHARACTERISTICS OF INJECTION FLUID [see Instruction 4(e)] Produced Water	21. CHARACTERISTICS OF ANNULUS FLUID [see Instructions 4(e) and 4(f)] Packer Fluid
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22. TEST WITNESSED BY RRC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If NO, see Instruction 4(a) If YES, Name of RRC Representative _____	23. WERE OTHER TESTS/SURVEYS PERFORMED AT THIS TIME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. If YES, list _____
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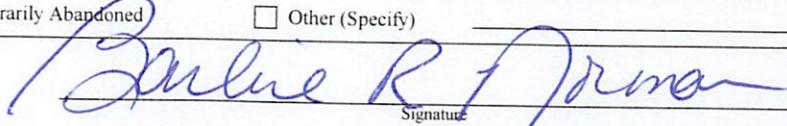
24. OPERATOR COMMENTS ON TEST (attach separate sheet if necessary)

**RECEIVED RRC OF TEXAS**  
**MAY 30 2019**  
**O&G Midland**

WELL STATUS:  Active  Temporarily Abandoned  Other (Specify) \_\_\_\_\_

**CERTIFICATE**

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that data and facts stated herein are true, correct, and complete, to the best of my knowledge.

  
 Barbie R. Norman  
 Name of Person (type or print) Regulatory Analyst  
 Title  
 Telephone No. (432) 818-1179 Date 05/29/2019

