

# TEST ON AN INACTIVE WELL MORE THAN 25 YEARS OLD

H-15

Rev. 8/93

READ INSTRUCTIONS ON BACK

1. OPERATOR NAME exactly as on P-5, Organization Report <b>Apache Corporation</b>		2. OPERATOR P-5 NO. <b>027200</b>		3. RRC DISTRICT NO. <b>7C</b>	
4. OPERATOR ADDRESS including city, state, and zip code <b>303 Veterans Lane, Suite 3000 Midland, TX 79705</b>		5. FIELD NAME exactly as on Proration Schedule <b>BIG LAKE (STRAWN)</b>			
7. HISTORICAL WELLBORE DATE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Drilling (spud) date of wellbore  <input checked="" type="checkbox"/> Earliest completion date in wellbore (if drilling date unknown)         </div> <div>           Month / Day / Year  <b>06 / 26 / 1988</b> </div> </div>		8. OIL LEASE OR GAS ID NO. <b>238400</b>		6. LEASE NAME exactly as on Proration Schedule <b>University BL</b>	
10. DATE TEST PERFORMED <b>11/11/2013</b>		11. BASE OF DEEPEST USABLE-QUALITY WATER (subsurface) <b>450'</b>		12. COUNTY <b>REAGON</b>	
13. API NO. <b>42- 383-33886</b>		14. TYPE OF TEST. Complete either A or B. <div style="display: flex;"> <div style="flex: 1;"> <input checked="" type="checkbox"/> <b>A. Annual Fluid Level Test</b>            Top of fluid in wellbore: <b>1194'</b>            (give total depth of wellbore if no fluid is encountered)             Determined by:  <input checked="" type="checkbox"/> sonic survey    <input type="checkbox"/> wireline    <input type="checkbox"/> visual (to be used only when the top of fluid is visible from surface)   <input type="checkbox"/> other: specify _____             Performed by: (name of individual and company) _____         </div> <div style="flex: 1; border-left: 1px dashed black; padding-left: 10px;"> <input type="checkbox"/> <b>B. Mechanical Integrity Test.</b>             Type of mechanical integrity test performed (check one):  <input type="checkbox"/> Hydraulic Pressure -- cast iron bridge plug/packer depth: _____  <input type="checkbox"/> other: specify _____             Reason for mechanical integrity test (check one):  <input type="checkbox"/> Substitute for annual fluid level test  <input type="checkbox"/> Required for well 25 or more years old AND inactive 10 years or more (effective January 1, 1997)         </div> </div>			
15. OPERATOR REMARKS		16. LOCATION. See Instruction No. 3 section: <b>12</b> block: <b>2</b> abstract: survey: <b>University Lands</b> well -- perpendicular surface location from two nearest survey lines: <div style="display: flex; justify-content: space-between;"> <div>1000'</div> <div>feet from <b>S</b></div> <div>line and</div> </div> <div style="display: flex; justify-content: space-between;"> <div>660'</div> <div>feet from <b>W</b></div> <div>line.</div> </div>			

**CERTIFICATION.** I declare under felony conviction penalties prescribed in Texas Natural Resources Code §91.143, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that the data and facts stated herein are true, correct, and complete to the best of my knowledge; further, I declare to the best of my knowledge, that this well is not 1) polluting or likely to pollute any ground or surface water nor 2) allowing escape of formation fluids from the strata in which they were originally located.

Signature

**Bradley R. Gandy**  
 Name (print or type)

**Regulatory Technician I**  
 Title

**11/19/2013**  
 Date

**(432) 818-1911**  
 Phone

☐ Pending: Data forwarded to District for review.

☐ Approved  
☐ Not Approved

Number of years mechanical integrity test approved for, if other than 5 years (from date performed)  
  
 review by \_\_\_\_\_  
 review date \_\_\_\_\_



## Shipment Receipt

**Address Information**

<b>Ship to:</b>	<b>Ship from:</b>
H-15 Dept - Attn: Theresa	Barbie Norman
Hart	
Railroad Commission of	Apache Corporation
Texas	
1701 N. Congress Ave.	303 Veterans Airpark Lane
AUSTIN, TX	Midland, TX
78701	79705
US	US
512-463-6785	4328181000

**Shipment Information:**

Tracking no.: 797358568315  
 Ship date: 12/10/2013  
 Estimated shipping charges: 9.22

**Package Information**

Pricing option: FedEx Standard Rate  
 Service type: Standard Overnight  
 Package type: FedEx Envelope  
 Number of packages: 1  
 Total weight: 1 LBS  
 Declared Value: 0.00 USD  
 Special Services:  
 Pickup/Drop-off: Use an already scheduled pickup at my location

**Billing Information:**

Bill transportation to: Apache-280  
 Your reference:  
 P.O. no.:  
 Invoice no.:  
 Department no.: DUS439

Thank you for shipping online with FedEx ShipManager at [fedex.com](http://fedex.com).

**Please Note**

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits. Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable [FedEx Service Guide](#) or the FedEx Rate Sheets for details on how shipping charges are calculated.