Submit 3 Copies To Appropriate Distr Office	State of	New Mexico	I	Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240		and Natural Resources	WELL API NO.	June 19, 2008
District II	OU CONSERV	ATION DIVISION	30-025-06735	
1301 W. Grand Ave., Artesia, NM 882 District III	.10	St. Francis Dr.	5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 8741 District IV	¹⁰ Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			0. State On & Gas Lease No.	
		PEN OR PLUG BACK TO A	7. Lease Name or Unit Agree Northeast Drinkard Unit	ment Name
PROPOSALS.)		HOBBS OCD	8. Well Number 802	<u> </u>
1. Type of Well: XOil Well	Gas Well Other:	HOBP2		
2. Name of Operator Apache Corporation	/	0 4 2014	9. OGRID Number 873	
3. Address of Operator		NOV	10. Pool name or Wildcat	
303 Veterans Airpark Lane, Suit	e 3000 Midland, TX 79705		Eunice; Bli-Tu-Dri, North (2290	0)
4. Well Location		RECEIVED		
Unit Letter E	: <u>1980</u> feet from the	······		line
Section 22	Township 21	S Range 37E hether DR, RKB, RT, GR, etc.	NMPM County L	ea 1
10 Ch-	l Anna ista Davida In		AITTING	—
12. Chec	ck Appropriate Box to In			,
NOTICE OF	INTENTION TO:			
PERFORM REMEDIAL WORK				
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS	$\Box CC TA P CA$	RBDMS CHAR	
DOWNHOLE COMMINGLE				
Bowin fold committee			· · · · · · · · · · · · · · · · · · ·	
OTHER:			ENSION-to:GTIButing	
			nd give pertinent dates, including ttach wellbore diagram of propos	
or recompletion.		or manaple completions. 7	under wendere diagram of propo.	sea completion
Apache is requesting renewa	I of TA status for this well. Ar	n application for injection was	issued by Santa Fe to convert th g of injection volumes to keep the	is well to an
hitting the Inactive Well List i	n January, 2015.		- · · ·	, weir nom
		his Approval of Tem	porary_1 12015	-/
	ą	nis Approvaler FxDire	ponary 5/17/2015 6 MONTH EXT.	
	ļ.	VOBILIONINGINE PARA	MONTH EXT.	
		Ĺ	011101111	
			,	
Spud Date: 10/25/1947	Rig I	Release Date: 12/16/1947		
I hereby certify that the information	tion above is true and complet	te to the best of my knowledg	ge and belief.	
()	1.1			
SIGNATURE KILSA	AshorTITI	LE Sr. Staff Reg Analyst	DATE11/21/2	2014
Type or print name Reesa Fishe	er E-m	ail address:	hecorp.com PHONE: 432/8	318-1062
For State Use Only	Ω	- <u></u>		
APPROVED BY: Sep		0		
		E SLA M	DATE A	listania
Conditions of Approval (if any):	Samamah_TITI	E Stoff Ma	<u>Vager</u> DATE <u></u>	112/2014
Conditions of Approval (if any):	Samamah_TITI	.E <u>Sto</u> AMa,		112/2014 1.
Conditions of Approval (if any):	Samanah_TITI	.E <u>Stot</u> Ma	DEC 1 7 2014	history

