| Office<br>Barter       Energy, Minerals and Natural Resources       WELL API NO.<br>30-025 05732       October 13, 2009         Data Ling       DIL CONSERVATION DIVISION<br>1220 South St. Francis Dr.<br>Santa Fe, NM 87505       S. Indicate Type of Lase<br>STATE  | Submit 1 Copy To Appropriate District   | State of New Mexico  |                | Form C-103                                    |
|--|---|--|----------------|---|
| International Distriction of the state                                 |   |  |                |   |
| Different information above is true and complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION       30-025-09732  |   | Energy, winicials and rutural res  | ources         |   |
| Dimension       1220 South St. Francis Dr.<br>Santa Fe, NM 87505       Dimension       State Fe, NM 87505         Dimension       Subscreen       State Fe, NM 87505       State Oil & Gas Lease No.         Subscreen       SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THE FORM FOR PROVASIAS TO BELL ON TO RUBE BACK TO AD<br>DEPERSENT RESERVOR. USE "APPLICATION NOR PERMIT" (FORM C-101) FOR SUCI<br>1. Type of View 101 well   | District II                             | OIL CONSERVATION DIVI  | SION           | 30-025-05732                                  |
| 1000 Bio more Rd. Artec. NM 87410       Santa Fe, NM 87505       6. State Oli & Gas Lease No.         87385       SUNDRY NOTICES AND REPORTS ON WELLS<br>(OD NOTUS: THIS FORM FOR PROFOSALS TO DELLO RT TO BEERSO OR TAUG BACK TO A<br>DEPERSON RESOLVATION. USE: PARTIC TORN COLD TO RESOLD<br>WE NO AS VIEI: OIL Well  |   | the second s |                |   |
| 1202 S. Pransis Dr., Sama Fe, NM       0.0000 VICE THE NOW TO TO CES AND REPORTS ON WELLS       0.0000 VICE THE NOW TO ROVORALS TO DELLO. OR TO DEEPEN OR FLUG BACK TO A         1000 FOUS THE NOW TO ROVORALS TO DELL OR TO DEEPEN OR FLUG BACK TO A       7. Lease Name of Unit Agreement Name         1000 FOUS THE NOW TO ROVORALS TO DELL OR TO DEEPEN OR FLUG BACK TO A       8. Well Number 07         1000 FOUS THE NOW TO ROVORALS TO DELL OR TO DEEPEN OR FLUG BACK TO A       9. OGRID Number 07.7         1000 FOUS THE NOW TO REPORT TO DEEPEN OR FLUG BACK TO A       9. OGRID Number 07.7         1000 FOUS THE NOW TO REPORT TO DEEPEN OR FLUG BACK TO A       9. OGRID Number 07.7         1000 FOUS THE NOW TO DEEPEN OR FLUG BACK TO A       9. OGRID Number 07.7         1100 FOUS THE NOW TO DEEPEN OR FLUG BACK TO A       9. OGRID Number 07.7         1100 FOUS TO   |   |  |                |   |
| STOM       SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DELLOR TO DEEPRO R FLUG BACK TO A<br>INPERSENT RESOLUTION USE THAT COME (-10) FOR SUCH<br>PROPERSENT RESOLUTION USE STATULTON FOR PROPOSALS TO DELLOR TO DEEPRO R FLUG BACK TO A<br>INPERSENT RESOLUTION USE STATUTION TO CHARMENT ("COME (-10) FOR SUCH<br>PROPERSENT RESOLUTION USE STATUTION TO CHARMENT ("COME (-10) FOR SUCH<br>PROPERSENT RESOLUTION USE STATUTION TO THE PROPERSON OF A<br>P. OGRID Number 673 <ul> <li>Well Number 07</li> <li>OGRID Number 873</li> <li>Address of Operator</li> <li>Pool Name of Wildcat</li> <li>Not Declaration MN 88265</li> </ul> <li>A ULI Caccion</li> <li>RECEIVED</li> <li>Unit Letter1980feet from theN.</li> <li>I. Elevation (Show whether DR. RKB, RT, GR. etc.)</li> <li>11. Elevation (Show whether DR. RKB, RT, GR. etc.)</li> <li>12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data</li> <li>NOTICE OF INTENTION TO:</li>  |   | Santa Fe, NM 8/505   |                | 6. State Oil & Gas Lease No.                  |
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(ON OTUSE THE FORM POR PROCAS ALS TO BELL ON TO DEPERSO RAY TUG BACK TO A<br>DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-10) FOR SUCH<br>(POPOSALS)       7. Lase Name or Unit Agreement Name<br>North Monument (CSA Unit Blk, 11 //<br>8. Well Number 07 //<br>9. OGRID Number 873 /<br>Abade Cop.         2. Name of Operator       9. OGRID Number 873 /<br>Abade Cop.       9. OGRID Number 873 /<br>9. OGRID Number 873 /<br>10. Pool name or Wildcat<br>North Monument (CSA         4. Well Location       RECEIVED<br>Unit Letter   |   |  |                |   |
| IDD NOT USE THIS FORM NODE PROPOSALES TO DRILLO RET DEPENSION REVIEW BACK TO A       North Monument G/SA Unit Bik. 11         PROPERENT RESERVOIL: USE "APRILICATION ROP REMIT (FORM CUID FOR SUCCE       North Monument G/SA Unit Bik. 11         1. Type of Well: Oil Well       Gas Well       Other Injecting PBBS OCD         2. Name of Operator       APR 06 2016       North Monument G/SA         3. Address of Operator       APR 06 2016       North Monument G/SA         4. Well Location       RECEIVED       10. Pool name or Wildeat         Month Monument G/SA       Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEMAND    PLUG AND ADADOON    CHANGE PLANS    PLUG AND ADADON    CHANGE PLANS    PLUL OR ALTER INTO CASING    PLUG AND ADADON    CHANGE PLANS    PLUG AND ADADON    PLUL OR ALTER COMPLEX    PLUG AND ADADON    PLUL OR ALTER INTO CASING    PLUL O  |   | CES AND REPORTS ON WELLS   |                | 7. Lease Name or Unit Agreement Name          |
| PROFOSALSJ       1. Type of Well: Oil Well Gas Well Other Injection Of Social Control of Social Contervisio Control  |   |  |                |   |
| 1. Type of Well: Oll WellGas WellOther Injection of DBES OCD8. Well Number 873   |   | ATION FOR PERMIT" (FORM C-101) FOR SUCH  | ſ.             | North Monument G/SA Unit Blk. 11              |
| 2. Name of Operator 3. Address of Operator 4. Well Location 4. Well Locat  |   | Gas Well Other Injection well  | 000            | 8. Well Number 07                             |
| Apache Corp.       APR 0.6 2016       ID. Pool name or Wildeat<br>North Monument C/SA         9. Address of Operator       Morth Monument C/SA       North Monument C/SA         4. Well Location       RECEIVED       Init e and1980feet from the   |   | HUBBS  | ocu            | 9 OCRID Number 873                            |
| 3. Address of Operator       APR 06 2016       I0. Pool name or Wildeat<br>North Monument G/SA         4. Well Location       RECEIVED       North Monument G/SA         4. Well Location       RECEIVED       Inc and _1980feet from the  |   |  |                |   |
| P O box Drawer D Monument NM 88265       North Monument G/SA         4. Well Location       RECEIVED         Unit Letter_G   |   | APR 06   | 2016           | 10 Pool name or Wildcat                       |
| 4. Well Location       RECEIVED         Unit Letter  |   |  |                |   |
| Unit LetterG   |   |  | VED            |   |
|  |   |  |                | 1000  |
| Section       29       Township       198       Range       37E       NMPM       Lea       County         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       11. Elevation (Show whether DR, RKB, RT, GR, etc.)       12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:       PERFORM REMEDIAL WORK       PLUL GA ND ABANDON       County       PAND A       12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         DOTNED CORAILLY ABANDON       CHANGE PLANS       PULL OR ALTER CASING       PAND A       12. Counter Counte   |   | 1980feet from theN   | line and       | feet from the                                 |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:         PERFORM REMEDIAL WORK       PLUG AND ABANDON         COMMENCE DENT       CALTERING CASING         PULL OR ALTER CASING       MULTIPLE COMPL         DOWNHOLE COMMINGLE       OTHER:         OTHER:       OTHER:         OTHER:       OTHER:         Jown or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         Move in Maclaskey pump truck to perform pressure test on casing. Pressured the casing to 530 psi & recorded the test on a chart for 33 ninutes with a 20 lb. loss to 510 psi.         Spud Date:       Rig Release Date:         Inhereby certify that the information above is true and complete to the best of my knowledge and belief.         AGINATURE       TITLE_Instrument Tech   | Eline                                   |  |                |   |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TC:       SUBSEQUENT REPORT OF:         PEFFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK       ALTERING CASING         DEPFOORM REMEDIAL WORK       PLUG AND ABANDON       CHANGE PLANS       ALTERING CASING         DULL OR ALTER CASING       CHANGE PLANS       ALTERING CASING         OTHER:       OTHER:       OTHER:       Syear pressure test         OTHER:       OTHER:       OTHER:       Syear pressure test         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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         Wore in Maclaskey pump truck to perform pressure test on casing. Pressured the casing to 530 psi & recorded the test on a chart for 33 ninutes with a 20 lb. loss to 510 psi.         Nereby certify that the information above is true and complete to the best of my knowledge and belief.         MIGNATURE       TITLEInstrument Tech   | Section 29                              | Township 19S Ran;  | ge 37E         | NMPM Lea County                               |
| NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PEFFORM REMEDIAL WORK       PLUG AND ABANDON       ALTERING CASING         TEMPORARILY ABANDON       CHANGE PLANS       PAND A         PULL OR ALTER CASING       MULTIPLE COMPL       COMMENCE DRILLING OPNS.       PAND A         DOWNHOLE COMMINGLE       MULTIPLE COMPL       COMMENCE DRILLING OPNS.       PAND A         OTHER:       OTHER:       5 year pressure test         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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         Wove in Maclaskey pump truck to perform pressure test on casing. Pressured the casing to 530 psi & recorded the test on a chart for 33 ninutes with a 20 lb. loss to 510 psi.         Nereby certify that the information above is true and complete to the best of my knowledge and belief.         AGGNATURE       TITLE_Instrument Tech   |   | 11. Elevation (Show whether DR, RKB, I   | RT, GR, etc.)  |   |
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| PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK       ALTERING CASING         TEMPORARILY ABANDON       CHANGE PLANS       COMMENCE DRILLING OPNS.       PAND A         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       PAND A         OTHER:       OTHER:       OTHER:       5 year pressure test         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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         Wove in Maclaskey pump truck to perform pressure test on casing. Pressured the casing to 530 psi & recorded the test on a chart for 33 ninutes with a 20 lb. loss to 510 psi.         Spud Date:       Rig Release Date:         hereby certify that the information above is true and complete to the best of my knowledge and belief.         OGNATURE       TITLE Instrument Tech       DATE 3/30/16         Yep or print name  |   |  |                |   |
| TEMPORARILY ABANDON       CHANGE PLANS       COMMENCE DRILLING OPNS.       P AND A         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       P AND A         OTHER:       OTHER:       OTHER:       Spear pressure test         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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         Wove in Maclaskey pump truck to perform pressure test on casing. Pressured the casing to 530 psi & recorded the test on a chart for 33 ninutes with a 20 lb. loss to 510 psi.         Spud Date:       Rig Release Date:         hereby certify that the information above is true and complete to the best of my knowledge and belief.         AGGNATURE       TITLE_Instrument TechDATE3/30/16         Yupe or print name  | NOTICE OF IN                            | TENTION TO:  | SUB            | SEQUENT REPORT OF:                            |
| PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB         OTHER:       OTHER:       5 year pressure test         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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         Wove in Maclaskey pump truck to perform pressure test on casing. Pressured the casing to 530 psi & recorded the test on a chart for 33 ninutes with a 20 lb. loss to 510 psi.         Spud Date:       Rig Release Date:         hereby certify that the information above is true and complete to the best of my knowledge and belief.       CC         AGGNATURE       TITLE_Instrument TechDATE3/30/16         Type or print nameIm Ellison E-mail address: _JD.Ellison@apacheccorp.com_PHONE: _575-441-7734APR 11 2016  | PERFORM REMEDIAL WORK                   | PLUG AND ABANDON   | EDIAL WORK     | K ALTERING CASING                             |
| DOWNHOLE COMMINGLE       OTHER:       5 year pressure test         OTHER:       OTHER:       5 year pressure test         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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         Move in Maclaskey pump truck to perform pressure test on casing. Pressured the casing to 530 psi & recorded the test on a chart for 33 minutes with a 20 lb. loss to 510 psi.         Spud Date:       Rig Release Date:         hereby certify that the information above is true and complete to the best of my knowledge and belief.       CF         SIGNATURE       TITLE_Instrument TechDATE3/30/16         Yep or print nameIm Ellison E-mail address: _JD.Ellison@apacheccorp.com_PHONE: _575.441-7734APR 11 2016  | TEMPORARILY ABANDON                     | CHANGE PLANS COMM  | MENCE DRI      | LLING OPNS. PANDA                             |
| OTHER:       OTHER:       5 year pressure test         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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         Move in Maclaskey pump truck to perform pressure test on casing. Pressured the casing to 530 psi & recorded the test on a chart for 33 ninutes with a 20 lb. loss to 510 psi.         Spud Date:       Rig Release Date:         hereby certify that the information above is true and complete to the best of my knowledge and belief.       CF         SIGNATURE       TITLE_Instrument TechDATE_3/30/16         Ype or print namIm EllisonE-mail address:       JD.Ellison@apacheccorp.com_PHONE:       575.441-7734   | PULL OR ALTER CASING                    | MULTIPLE COMPL CASIN   | NG/CEMENT      | ГЈОВ 🔲  |
| OTHER:       OTHER:       5 year pressure test         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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         Move in Maclaskey pump truck to perform pressure test on casing. Pressured the casing to 530 psi & recorded the test on a chart for 33 ninutes with a 20 lb. loss to 510 psi.         Spud Date:       Rig Release Date:         hereby certify that the information above is true and complete to the best of my knowledge and belief.       CF         SIGNATURE       TITLE_Instrument TechDATE3/30/16         Ype or print namIm EllisonE-mail address:       JD.Ellison@apacheccorp.com_PHONE:       575.441-7734  | DOWNHOLE COMMINGLE                      |  |                |   |
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| spud Date:   | proposed completion or reco             | mpletion.  |                |   |
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| Spud Date:       Rig Release Date:         hereby certify that the information above is true and complete to the best of my knowledge and belief.       CC         SIGNATURE       TITLE_Instrument TechDATE3/30/16         Type or print nameIim EllisonE-mail address: _JD.Ellison@apacheccorp.com_PHONE: _575-441-7734APR 11 2016   |   | rform pressure test on casing. Pressured th  | ie casing to : | 530 psi & recorded the test on a chart for 33 |
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| SIGNATURE  | I hereby certify that the information   | hove is true and complete to the best of m   | v knowledge    | and belief                                    |
| Type or print nameJim Ellison E-mail address: _JD.Ellison@apacheccorp.com_ PHONE:575-441-7734<br>For State Use Only APR 1 1 2016   | r noroby certify that the information a | so to is the and complete to the best of m   | , knowledge    | CK  |
| Type or print nameJim Ellison E-mail address: _JD.Ellison@apacheccorp.com_ PHONE:575-441-7734<br>For State Use Only APR 1 1 2016   | $n \rightarrow m$                       |  |                |   |
| Type or print nameJim Ellison E-mail address: _JD.Ellison@apacheccorp.com_ PHONE:575-441-7734<br>For State Use Only APR 1 1 2016   | SIGNATURE (YYU)                         | TITLE Instrument   | t Tech         | DATE 3/30/16                                  |
| For State Use Only APR 1 1 2016  | A                                       |  |                |   |
| For State Use Only APR 1 1 2016  | Type or print name Jim Ellison          | E-mail address: ID I   | Ellison@ana    | checcorp.com PHONE: 575-441-7734              |
|  | ••                                      | 2 mint uturess3D.1   | - apu          | APR 1 1 2016                                  |
| PPROVED BY. Will Sougant TITLE Staff Madage DATE 4-8-16 VI   | R in (                                  |  |                |   |
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