Submit 1 Copy To Appropriate District Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District III</u> 1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	State of New Me Energy, Minerals and Natur OIL CONSERVATION 1220 South St. Fran Santa Fe, NM 87	DIVISION cis Dr.	Form C-103 October 13, 2009 WELL API NO. 30-025-39900 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.
87505 SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLIC/ PROPOSALS.)	TION FOR DEDIVITE (FORM CONTO	DOLLOUI	7. Lease Name or Unit Agreement Name T Anderson
	Gas Well 🔲 Other	S O O	8. Well Number 5
2. Name of Operator Apache Corp.	APR 13		9. OGRID Number 873
3. Address of Operator P O box Drawer D Monument NM 8	18265 RECEIV	2016	10. Pool name or Wildcat Paddock
4. Well Location Unit LetterN:_ Wline Section 8		line and Range 37E	_1835feet from the NMPM Lea County
	11. Elevation (Show whether DR,	RKB, RT, GR, etc.)	
12. Check Aj	ppropriate Box to Indicate Na	ature of Notice, R	Report or Other Data
NOTICE OF INT PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	ENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	SUBS REMEDIAL WORK COMMENCE DRIL CASING/CEMENT	
OTHER:		OTHER:	
	k). SEE RULE 19.15.7.14 NMAC		give pertinent dates, including estimated date pletions: Attach wellbore diagram of

Perfs 5148' - 5192'

Plan to move in rig & dump bail 35' of cement on the existing CIBP @ 5225' then set CIBP +- 5100' with 35' of cement dump bailed on top of the plug. We will load the casing with packer fluid & pressure test the casing to 500 psi & chart the results for 30 minutes.

	Condition of Approval: notify OCD Hobbs office 24 hours prior of running MIT Test & Chart	
Spud Date:	Rig Release Date:	
I hereby certify that the information SIGNATURE	bove is true and complete to the best of my knowledge and belief.	·
Type or print nameJim Ellison For State Use Only APPROVED BY: Conditions of Approval (if any):	E-mail address: _JD.Ellison@apacheccorp.com_PHONE: _575-441-7 <u>How THE</u> Dist Superviser DATE 4/14/2 NO PROD REPORTED ~ IDMONTHS / AF	734 <u>2016</u> PR 1.4 2016

