Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II	O OIL CONSERVATION DIVISION	30-025- 05629
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1301 W. Grand Ave., Artesia, NM 88210  District III  1000 Rio Brazos Rd., Aztec, NM	Santa Fe, NM 87505	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Pe, NM	Santa PC, NIVI 87505	6. State Oil & Gas Lease No.
87505	- <b> </b>	
SUNDRY NOTIC	REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
I (DO NOT USE THIS FORM FOR PROPOSIX	TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
PROPOSALS.)	TION FOR PERMIT" (FORM C-101) FOR SUCH	North Monument G/SA Unit Blk. 2
	as Well 🗹 Other Injection well.	8. Well Number 3
2. Name of Operator		9. OGRID Number 873
Apache Corp.		,
3. Address of Operator		10. Pool name or Wildcat
<b>P</b> O box Drawer D Monument NM 8	8265	North Monument G/SA
4. Well Location		
Unit Letter : (also feet from the N line and 1980 feet from the W line		
Section 18 Township 195 Range 37E NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
	11. Elevation (Snow whether DR, RRB, R1, OR	, etc.)
12 Charle A.		in Danist of Other Data
12. Check Ap	opropriate Box to Indicate Nature of Not	nce, Report of Other Data
NOTICE OF INT	ENTION TO: S	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON   REMEDIAL \	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE	E DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL   CASING/CE	MENT JOB
DOWNHOLE COMMINGLE		
OTHER:		5 year pressure test
12 Describe managed or comple	tod exerctions. (Clearly state all partinent detail	le and sive mertinent dates, including estimated date
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.		
proposed completion of recompletion.		
Move in Maclaskey pump truck to per	form pressure test on casing. Pressured the casin	ng to \$60 psi & recorded the test on a chart for 32
minutes with a final psi.of 555/		
	•	
<u> </u>	<del></del>	
Spud Date:	Rig Release Date:	
Lhereby certify that the information al	pove is true and complete to the best of my know	wledge and belief
Thereby certify that the information above is true and complete to the best of my knowledge and certify.		
0.050		/ (7) IO
SIGNATURE CONTRACTOR	TITLE Instrument Tech	DATE_6-18
Type or print name U Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE:575-441-7734		
For State Use Only	21	, 1 / ,
APPROVED BY: Segrey	TITI & ams no .	mpenison DATE 8/1/18
Conditions of Approva (if any):	III TE SAIL IN ICE	TALE STATE
Conditions of Approval (it any).		

