Submit 1 Copy Office	To Appropriate District	Sta	ite of New Mo	exico		Fo	rm C-103	
District I – (575	5) 393-6161	Energy, Mi	nerals and Nati	ural Resources			uly 18, 2013	
1625 N. French <u>District II</u> – (57	Dr., Hobbs, NM 88240 5) 748-1283				WELL API 30-025-3853			
811 S. First St.,	OIL CONSERVATION DIVISION					5. Indicate Type of Lease		
	District III - (505) 334-6178 1220 South St. Francis Dr.							
District IV - (5	05) 476-3460	Sa	nta Fe, NM 8	7505 0	6. State Oil	l & Gas Lease No.		
87505	ncis Dr., Santa Fe, NM			مر الم				
	SUNDRY NOT	ICES AND REPOR	RTS ON WELL	360	7. Lease N	ame or Unit Agreeme	ent Name	
(DO NOT USE DIFFERENT R	THIS FORM FOR PROPE ESERVOIR. USE "APPLI	Sa TICES AND REPORT DSALS TO DRILL OR TO ICATION FOR PERMIT	O DEEPEK AR II " (FORM C-101) F	RECEIVED	Northeast D	rinkard Unit (NEDU	[22503]	
1. Type of V	Well: Oil Well	Gas Well 🔲 Ot	her	HOLENER	8. Well Nu	mber 532		
2. Name of				SECE.	9. OGRID	Number		
Apache Corp				Kin	873	XX7'1 1 .		
3. Address of 303 Veterans	of Operator Airpark Lane, Suite 1	000 Midland TX 7	9705		Ī	ame or Wildcat -D, North (22900)		
4. Well Loc	<u> </u>	· · · · · · · · · · · · · · · · · · ·			Larioo, B 1	D, 1401111 (22000)		
		1475 feet fro	m the South	line and 385	fe	eet from the West	line	
Sec				ange 37E	NMPM	County Lea		
				RKB, RT, GR, etc.)			A CONTRACTOR	
			3406' GL					
TEMPORAR PULL OR AL DOWNHOLE CLOSED-LO OTHER: 13. Desc of sta prope Apache worked		NTENTION TO PLUG AND ABA CHANGE PLANS MULTIPLE CON pleted operations. (fork). SEE RULE 1 completion. bws: & WS.	: NDON	REMEDIAL WORI COMMENCE DRI CASING/CEMENT OTHER: pertinent details, and	SEQUENT LLING OPNS JOB I give pertine	F REPORT OF: ☐ ALTERING CA ☐ P AND A ☐	timated date	
7/18/2018 Acid 7/19/2018 PO0 7/20/2018 RIH	FBlinebry 5692'-5823' lize BTD w/10,000 gal DH w/WS. RIH w/2-3/ w/pump & rods. sh w/rod string & test t	l 15% acid & 8500# '8" J-55 tbg w/EOT (rock salt.	l3'-6615' w/2 SPF, 1	14 shots.			
Spud Date:	10/31/2007		Rig Release Da	ate: 11/7/2007				
I hereby certif	y that the information	above is true and c	omplete to the b	est of my knowledge	and belief.			
	\cap \wedge	. /						
SIGNATURE	Klasa H	shoc	_TITLE Sr. Sta	ff Reg Analyst		DATE7/27/2018	3	
Type or print	name Reesa Fisher		E-mail address	S: Reesa.Fisher@apa	checorp.com	PHONE: (432) 8	18-1062	
For State Use				1				
ADDDOVED		4 Barrens	TITLE A	0/1		Q/γ	7010	
APPROVED D Conditions of	BY: / CAPLUA Approval (if any):		_HILE 	2/2		_DATE_ 0/_1/	4018	
	~							