

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

P.O. BOX 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. <b>30-025-20955</b>
5. Indicate Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE
6. State Oil & Gas Lease No. <b>543630</b>
7. Lease Name or Unit Agreement Name <b>NEW MEXICO AN STATE</b>
8. Well No. <b>9</b>
9. Pool name or Wildcat <b>SAUNDERS; PERMO UPPER PENN</b>

**SUNDRY NOTICES AND REPORTS ON WELLS**

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-INJECTION WELL
2. Name of Operator <b>APACHE CORPORATION</b>
3. Address of Operator <b>2000 POST OAK BLVD., SUITE 100, HOUSTON, TX 77056-4400</b>
4. Well Location Unit Letter <b>C</b> : <b>660'</b> Feet From The <b>NORTH</b> Line and <b>1980'</b> Feet From The <b>WEST</b> Line Section <b>22</b> Township <b>14S</b> Range <b>33E</b> NMPM <b>LEA</b> County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>4223' DF</b>

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Perform Remedial Work | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Remedial Work                   | <input type="checkbox"/> Altering Casing      |
| <input type="checkbox"/> Temporarily Abandon   | <input type="checkbox"/> Change Plans     | <input type="checkbox"/> Commence Drilling Operations    | <input type="checkbox"/> Plug and Abandonment |
| <input type="checkbox"/> Pull or Alter Casing  |   | <input type="checkbox"/> Casing Test and Cement Job      |   |
| <input type="checkbox"/> Other                 |   | <input checked="" type="checkbox"/> Other-INTEGRITY TEST |   |

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)  
SEE RULE 1103.

3/13/97 Requested csg. pressure test. See attached. CIBP @ 9715'. Tested 500/30 min. -  
Held OK.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Deborah K. Hoyt TITLE ENGINEERING TECH DATE 6/16/97  
TYPE OR PRINT NAME DEBORAH K. HOYT TELEPHONE NO. 713/296-7152  
(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 6.20.1997

CONDITIONS OF APPROVAL, IF ANY:

WEDNESDAY

