

RECEIVED

District I

1625 N. French Dr., Hobbs, NM 88240
Phone:(505) 393-6161 Fax:(505) 393-0711

District II

1301 W. Grand Ave., Artesia, NM 88210
Phone:(505) 748-1283 Fax:(505) 748-9720

District III

1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV

1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

AUG - 4 2008

State of New Mexico

Form C-103
Permit 79585

HOBBS OCD

Energy, Minerals and Natural Resources
Oil Conservation Division

1220 S. St Francis Dr.

Santa Fe, NM 87505

WELL API NUMBER 30-025-38407
5. Indicate Type of Lease P
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name W B MAVEETY
8. Well Number 013
9. OGRID Number 873
10. Pool name or Wildcat

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. Type of Well: O

2. Name of Operator

APACHE CORP

3. Address of Operator

6120 S. YALE , , SUITE 1500 TULSA , OK 74136

4. Well Location

Unit Letter J : 2014 feet from the S line and 2310 feet from the E line
Section 35 Township 19S Range 36E NMPM Lea County

11. Elevation (Show whether DR, KB, BT, GR, etc.)

3604 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE OF PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐Other: Cancel Permit

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐CASING/CEMENT JOB ☐

Other: _____

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

THIS PERMIT IS EXPIRED. PLEASE CANCEL THE PERMIT. WE PLAN TO RE-APPLY FOR THIS PERMIT. THANK YOU.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐SIGNATURE [Signature] TITLE Drilling Engineer DATE 7/30/08Type or print name Sam Hampton E-mail address sam.hampton@apache Telephone No. 918 491-4954

For State Use Only:

APPROVED BY: [Signature] TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE AUG 05 2008Cancel API#
30-025-38407