

Submit 1 Copy To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

**HOBBS OCD** State of New Mexico  
Energy, Minerals and Natural Resources  
**APR 03 2013**  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
**RECEIVED** Santa Fe, NM 87505

Form C-103  
October 13, 2009

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-05667
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection well.		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Apache Corp.		6. State Oil & Gas Lease No.
3. Address of Operator P O box Drawer D Monument NM 88265		7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 6
4. Well Location Unit Letter <u>K</u> : <u>1980</u> feet from the <u>S</u> line and <u>1980</u> feet from the <u>W</u> line Section <u>20</u> Township <u>19S</u> Range <u>37E</u> NMPM Lea County		8. Well Number <u>11</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>873</u>
		10. Pool name or Wildcat Eunice Monument G/SA

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	5 year pressure test

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.

Move in Gandy truck and pressure the casing and chart for 32 minutes. Starting pressure 530# and finale pressure 530#

**HOBBS OCD**

**APR 03 2013**

**RECEIVED**

Spud Date:

Rig Release Date:

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

SIGNATURE JD Ellison TITLE Instrument Tech DATE 3-15-13

Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE:   
For State Use Only

APPROVED BY: [Signature] TITLE DIST MGR DATE 5-14-2013

Conditions of Approval (If any):

MAY 21 2013

