

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> HOBBS OGD		WELL API NO. 30-025- 1284
2. Name of Operator Apache Corporation JUL 24 2013		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 303 Veterans AirPark Lane, Ste. 3000 Midland, Tx 79705 RECEIVED		6. State Oil & Gas Lease No. Oil
4. Well Location Unit Letter: <u>D</u> <u>1310 feet from the North line and 853 feet from the West line</u> Section <u>8</u> Township <u>20S</u> Range <u>37E</u> NMPM County <u>Lea</u>		7. Lease Name or Unit Agreement Name Bertha J Barber ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL: 3555		8. Well Number 020
		9. OGRID Number 873 ✓
		10. Pool name or Wildcat EUNICE MONUMENT; GRAYBURG-SAN ANDRES

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	
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.			

CLOSED LOOP SYSTEM WILL BE USED WHILE DRILLING THIS WELL

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 Kristina Agee TITLE: Drilling Tech I DATE: 7/24/2013

Type or print name Kristina Agee E-mail address: kristina.agee@apachecorp.com PHONE: 432-818-1940

For State Use Only

APPROVED BY: [Signature] TITLE: Petroleum Engineer DATE: AUG 01 2013
Conditions of Approval (if any):

AUG 01 2013