	State of New Mexico Minerals and Natural Resources		n C-103 r 13, 2009
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 82210 102014 CONSERVATION DIVISION		30-025-05636 5. Indicate Type of Lease	
District III 1220 South St. Francis Dr.		STATE FEE	red
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REP	7. Lease Name or Unit Agreement	Name	
(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.)		North Monument G/SA Unit Blk. 2	
1. Type of Well: Oil Well Gas Well injection well 2. Name of Operator Gas Well Gas Well			
Apache Corp.		9. OGRID Number 873	
3. Address of Operator		10. Pool name or Wildcat	
P O box Drawer D Monument NM 88265		Eunice Monument G/SA	
4. Well Location			-
Wline	eet from theS line and _	1980feet from the	
	wnship 19S Range 37E	NMPM Lea Cou	inty
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
	— 1		_
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB I			
DOWNHOLE COMMINGLE			
OTHER:	C OTHER: Re	place packer	
13. Describe proposed or completed operation estimated date of starting any proposed wo diagram of proposed completion or recompletion	rk). SEE RULE 19.15.7.14 NMAC. F	ls, and give pertinent dates, includi or Multiple Completions: Attach wel	ng Ibore
A (0/1 A			
4/8/14 Open hole 3870' – 4008'			
MIRU and pooh with tubing and 1xs packer.			
4/9/14			
RIH with 1xs packer and test tubing to 6000 psi. Set the packer @ 3808'and loaded the casing with packer fluid and pressure tested the casing to 475 psi for 32 minutes with a loss of 15 psi during the test. The test was recorded on a chart and the well was turned back to injection. Apache requests returning this well to active injection status.			
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Spud Date:	Rig Release Date:		
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I hardby partify that the information shows in the	vi complete to the best of multiments 1.1	a and haliaf	
I hereby certify that the information above is true ar	in complete to the best of my knowledg	e and bellel.	
SIGNATURE	TITLE Instrument Tech	DATE	
Type or print nameJim Ellison E-mail address: _JD.Ellison@apacheccorp.com_ PHONE:			
Ear State Use Only A A			
APPROVED BY: Maleur Mown TITLE Compliance Officer DATE 4/10/2014 Conditions of Approval (it any)			
APPROVED BY: NALLAS ALOWN TITLE COMPLIANCE ALE DATE 4 / 10/2014 Conditions of Approval (itany):			
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