Submit 1 Copy To Appropriate Distric	t State of Ne	ew Mexico		Form C	-103
Office <u>District I</u> (575) 393-6161	Energy, Minerals an		Revised July 18		
1625 N. French Dr., Hobbs, NM 88240	)		WELL API NO	).	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-06771 5. Indicate Typ	a of Longo	
District III - (505) 334-6178	1220 South S	1220 South St. Francis Dr.		FEE	
1000 Rio Brazos Rd., Aztec, NM 8741 District IV – (505) 476-3460	Santa Fe, 1	Santa Fe, NM 87505		Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY N	OTICES AND REPORTS ON V			or Unit Agreement Na	
DIFFERENT RESERVOIR. USE "AI	OPOSALS TO DRILL OR TO DEEPEN PLICATION FOR PERMIT" (FORM C	C-101) FOR SUCH	Northeast Drink	ard Unit (NEDU) / 225	33
PROPOSALS.) 1. Type of Well: Oil Well	] Gas Well 🗌 Other Inject	ion Well	8. Well Numbe	<sup>er</sup> 811 /	
2. Name of Operator Apache Corporation		JUL 2 3 2015	9. OGRID Nur	nber	
3. Address of Operator			10. Pool name	or Wildcat	
303 Veterans Airpark Lane, Suit	e 1000 Midland, TX 79705	17 17 17 18 18 18	Eunice; B-T-D, 1		
4. Well Location	1000 N	RECEIVED			
Unit Letter E	_: <u>1980</u> feet from the <u>No</u>			rom the <u>West</u>	line
Section 23	Township 21S	Range 37E	NMPM	County Lea	
	11. Elevation (Show wheth 3415)	her DR, RKB, RT, GR, etc., Gl	)		1
12 Cha	le Ammenniete Deute Indi	anta Nistana af Nistian	Demonstration Oth	D-t-	
	k Appropriate Box to Indic	cate Nature of Notice,	Report or Othe	er Data	
	INTENTION TO:		SEQUENT R		
PERFORM REMEDIAL WORK		REMEDIAL WOR		ALTERING CASING	; 🗌
TEMPORARILY ABANDON				P AND A	Ц
	MULTIPLE COMPL [		I JOB		
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM					
OTHER:	[]		L MIT PRESSUR	ETEST	
	ompleted operations. (Clearly st				d date
	i work). SEE RULE 19.15.7.14	NMAC. For Multiple Con	npletions: Attacl	n wellbore diagram of	
proposed completion or	recompletion.				
ache performed a pressure test	on 6/16/2015; see passing char	t attached.			
	]	<del>_</del>		]	
Spud Date: 2/17/1949	Rig Rel	ease Date: 3/17/1949			
2/1//1040					
hereby certify that the informat	ion above is true and complete t	o the best of my knowledg	e and belief.		
0.	1.1.				
IGNATURE Klesa	$\lambda / \lambda h 0 \lambda$ TITLE			7/20/2045	
Reesa Fish	HILL MILL	Sr. Staff Reg Analyst		DATE 7/20/2015	
ype or print name <u>reesa</u> isin	· · · · · · · · · · · · · · · · · · ·	Sr. Staff Reg Analyst address: <u>Reesa.Fisher@apa</u>		$\frac{\text{DATE}^{1/20/2013}}{\text{PHONE:}} (432) 818-10$	32
Type or print name <u>Reesa Fishe</u> For State Use Only	· · · · · · · · · · · · · · · · · · ·				32
For State Use Only	er E-mail	address: Reesa.Fisher@apa	ichecorp.com	PHONE: (432) 818-10	<u>52</u>
For State Use Only	er E-mail		ichecorp.com		52 5-
or State Use Only PPROVED BY: /Sulx	er E-mail	address: Reesa.Fisher@apa	ichecorp.com	PHONE: (432) 818-10 Date <b>8/7/201</b>	52 5-1

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