Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Resource	Revised July 18, 2013
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	N 30-025-42056
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	2,111,12,7,2,0	o. State on & das Lease No.
87505		
	CICES AND REPORTS ON WELLS  DISALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
	ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Wildistilleries
PROPOSALS.)	_	8. Well Number 029
1. Type of Well: Oil Well	Gas Well Other HOBBS OC	D
2. Name of Operator	/	9. OOKID Nullioci
Apache Corporation	MAR 1 1 2016	873 10. Pool name or Wildcat
3. Address of Operator 303 Veterans Airpark Lane, Ste 1		VACUUM;UPPER PENN –
505 Veterans Airpark Lane, Ste 1		WAR CHARLE WAS TO LAKE
	RECEIVE	VACUUM; ABO REEF
4. Well Location		
Unit Letter K: 2600	feet from the SOUTH line and 1900 feet from	the WEST line
Section 6 Townshi		unty LEA
	11. Elevation (Show whether DR, RKB, RT, G	
	3981' GR	
THE RESERVE THE PROPERTY OF THE PERSON OF TH		The state of the s
12. Check	Appropriate Box to Indicate Nature of No	otice. Report or Other Data
	PP P	one, repert of outer 2 and
NOTICE OF II	NTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	The second secon	
TEMPORARILY ABANDON		CE DRILLING OPNS. P AND A
PULL OR ALTER CASING		EMENT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM  OTHER:	□ OTHER:	
		ails, and give pertinent dates, including estimated date
	ork). SEE RULE 19.15.7.14 NMAC. For Multiplications of the second of the	
proposed completion or re		
	•	
APACHE REQUEST TO WITHD	RAW PERMIT FOR WARN STATE AC 2 $\#29$ .	
Spud Date:	Rig Release Date:	
Spud Date.	Tig Release Date.	
I hereby certify that the information		owledge and helief
Thereby certify that the information	shove is true and complete to the best of my know	
SIGNATURE:	a above is true and complete to the best of my kno	Swiedge and benef.
SIGNATURE.	above is true and complete to the best of my known TITLE: DRLG TECH	
SIGNATURE.		
Type or print name: Sorina L Flor	TITLE: DRLG TECH	H DATE:
	TITLE: DRLG TECH	H DATE:
Type or print name: Sorina L Flor	TITLE: DRLG TECH	H DATE: