Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103
Office District I – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	83,		WELL API NO.
<u>District II</u> – (575) 748-1283	OIL CONSERV	ATION DIVISION	30-025-42187
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE
District IV - (505) 476-3460	Santa Fe,	NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
	ICES AND REPORTS ON	WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO			DIXIE QUEEN
DIFFERENT RESERVOIR. USE "APPLI	CATION FOR PERMIT" (FORM	(C-101) FOR SUCH	8. Well Number 005H
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well  Other	_/	o. Well Number 00311
Type of Well: Oil Well     Name of Operator	Gas well Other	HOBBS OC	9. OGRID Number
Apache Corporation	/	110000	9. OGRID Number
3. Address of Operator		MAD 1 1 2016	10. Pool name or Wildcat
303 Veterans Airpark Lane, Ste 10	000 Midland TX 70705	MAR 11 2016	HOUSE;BLINEBRY - HOUSE; TUBB –
303 Veterans Airpark Lane, Ste 10	700, Wildiand, 174 77703		HOUSE-DDINK ADD HOUSE-ADO
4. Well Location		RECEIVE	HOUSE, DRIVEARD - HOUSE, ADO
	eet from the NORTH line a		
The second particular and the second			
Section 11 Townshi			ty LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3572' GR			
12. Check	Appropriate Box to Ind	icate Nature of Not	ice, Report or Other Data
NOTICE OF IN	ITENTION TO		LIBOTOLIENT DEPORT OF
	ITENTION TO:		UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL V	
TEMPORARILY ABANDON	CHANGE PLANS		DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	☐ CASING/CE	MENT JOB
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM  OTHER:		□ OTHER:	
	aleted operations (Clearly		s, and give pertinent dates, including estimated date
			e Completions: Attach wellbore diagram of
proposed completion or rec			
APACHE REQUEST TO WITHDRAW PERMIT FOR DIXIE QUEEN 5H, .			
	n' n		
Spud Date:	Rig Re	elease Date:	
9			
1-			
I hereby certify that the information	above is true and complete	to the best of my know	ledge and belief.
V. FI			
SIGNATURE: TITLE: DRLG TECH DATE:			
Type or print name: Sorina L Flores E-mail address: sorina.flores@apachecorp.com PHONE: 432-818-1167			
Tyme or print name: Coming I Flore			DHONE: 422 919 1167
			n PHONE: 432-818-1167
Type or print name: Sorina L Flore For State Use Only		flores@apachecorp.cor	
For State Use Only	es E-mail address: sorina.	flores@apachecorp.cor	
		flores@apachecorp.cor	