Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 October 13, 2009	
District I 1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
District II	OIL CONSERVATION DIVISION		30-025-05730	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			FEE 🗸 /
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Salita Fe, INIVI 6	37303	6. State Oil & Gas Lease	No.
	AND REPORTS ON WELL	S	7. Lease Name or Unit A	greement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.)			North Monument G/SA U	,
	Vell Other Injection	1000000	8. Well Number 15	1
2. Name of Operator	out injection and	LINE CONTROL OF SALE	9. OGRID Number 873	
Apache Corp.		MAR 3 1 2016		1
3. Address of Operator		MAR 3 1 2016	10. Pool name or Wildca	t
P O box Drawer D Monument NM 88265		DEOFILE	North Monument G/SA	
4. Well Location	1940/1983/1983	RECEIVED		
Unit Letter O : 66	0feet from theS	line and	1980feet from	the /
E line		Name of the same of	A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Section 29	Township 19S	Range 37	E NMPM I	Lea County
	Elevation (Show whether Di			Lea County
	Lievation (Snow whether Di	n, KKD, KI, OK, EK		
12. Check Appro	opriate Box to Indicate I		, Report or Other Data SSEQUENT REPORT	OF:
	(TOS) 네트 1일 (TUBER AS) (1) 1일 (전)			ING CASING
4. To 10. To 17. The state of t	ANGE PLANS	RILLING OPNS. P AND		
	LTIPLE COMPL	CASING/CEMEN		
DOWNHOLE COMMINGLE				
OTHER:		OTHER:	5 year pressure test	
13. Describe proposed or completed of	onerations (Clearly state all	pertinent details as	nd give pertinent dates include	ding estimated date
of starting any proposed work). S proposed completion or recomple	SEE RULE 19.15.7.14 NMA			
Move in Maclaskey pump truck to perform	n pressure test on casing. Pre	essured the casing to	550 psi & recorded the test	on a chart for 32
ninutes with no loss.				
		Section 1		
Spud Date:	Rig Release D	Date:		
		64-9-5		APR 0 4 2016
	Samuel Carlotte &			AIN U4 ZON
hereby certify that the information above	is true and complete to the l	best of my knowled	ge and belief.	OF
0)(///				
MICHATURE (V)(VI)	> mm =		TO 4 (1977)	102/16
SIGNATURE	TITLE_I	nstrument Tech	DATE3	3/23/16
Type or print nameJim Ellison	E mail add	no. ID Elliano	pacheccorp.com_ PHONE:	575 441 7724
Type or print name/Jim Ellison For State Use Only	E-mail addres	ssJD.Emson@ar	acheccorp.com_PHONE:	_3/3-441-//34\
or state use only				
K.111 V		011/10	Wage DATE	4-1-11

