Submit 1 Copy To Appropriate District	State of New	Mexico	Form C-103
Office District I	Energy, Minerals and I	Natural Resources	October 13, 2009 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OU CONCEDUAT	ION DIVISION	30-025-04064
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVAT		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Suna 10, 101 07505		6. State Oil & Gas Lease No.
87505 SUNDRY NOTI	CES AND REPORTS ON WE		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Deuse Hume of Omr Agreement Hume
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		North Monument G/SA Unit Blk. 9	
1. Type of Well: Oil Well	Gas Well Other Injection well.		8. Well Number 13
2. Name of Operator Apache Corp. ✓		HOBBS OCC	9. OGRID Number 873
3. Address of Operator		144D # 0 2010	10. Pool name or Wildcat
P O box Drawer D Monument NM	88265	MAR 1 6 2016	Eunice Monument G/SA
4. Well Location		DECEIVED	
			feet from theWline
Section 25	Township 19S 11. Elevation <i>(Show whether</i>	<u> </u>	NMPM Lea County
	11. Elevation (Snow whether	DR, RRD , RT , OR , $eac.$	
12. Check A	Appropriate Box to Indicat	te Nature of Notice,	Report or Other Data
NOTICE OF IN	TENTION TO	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	ГЈОВ
DOWNHOLE COMMINGLE		/	
OTHER: Pressure test		OTHER:	
			d give pertinent dates, including estimated date
proposed completion or rec		MAC. For Multiple Con	npletions: Attach wellbore diagram of
proposed compression of ree	Inprotoni		
		W:11	
Intend to move in a pump truck to pe	rform pressure test on casing.	will pressure up to 520	psi for 32 minutes and chart the results.
Sand Data	Rig Releas	Deter	
Spud Date:			
I hereby certify that the information	above is true and complete to t	he best of my knowledg	e and belief.
()	2		
SIGNATURE	TITLE	Instrument Tech	DATE 3-16-16
<u> </u>			
Type or print name U Jim Ellison E-mail address: JD.Ellison@apacheccorp.com_PHONE: _575-441-7734_			
For State Use Only		51 11	
APPROVED BY: 100 De	march TITLE	staft M.	Mage DATE 4/1/16
Conditions of Approval (if any):			1 / 0 -

APR 0 5 2016