

**HOBBS**  
**CD**  
**SUN 07 2016**  
**RECEIVED**

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-05777

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil &amp; Gas Lease No.

## SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒

2. Name of Operator

Apache Corp.

3. Address of Operator

P O box Drawer D Monument NM 88265

4. Well Location

Unit Letter E: 1980 feet from the N line and 990 feet from theW lineSection 31Township 19SRange 37E

NMPM

Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

## 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☒ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: ☐OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Perfs 2477'-3061'

Plan to move in &amp; POOH with production tubing &amp; RIH with a CIBP to set @ +/- 2430' &amp; dump bail 35' of cement on the plug. We will circulate the casing with packer fluid, pressure test the casing to 500 psi &amp; chart the results for 30 minutes.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jim Ellison TITLE Instrument Tech DATE 6/6/16Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE: 575-441-7734

For State Use Only

APPROVED BY: Maley Brown TITLE Dist Supervisor DATE 6/7/2016

Conditions of Approval (if any):

NO PROD REPORTED - 6 MONTHS