Submit 1 Copy To Appropriate District Office District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 88240 District III 1301 W. Grand Ave., Artesia, NM 88240 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 0 3 2017State of New Mexico Energy, Minerals and Natural Resources00	Form C-103 October 13, 2009 WELL API NO. 30-025-05981 5. Indicate Type of Lease STATE FEE / 6. State Oil & 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 Other Injection well. 2. Name of Operator / Apache Corp. / 3. Address of Operator / P O box Drawer D Monument NM 88265 4. Well Location	 7. Lease Name or Unit Agreement Name Barber Gas Com 8. Well Number 3 9. OGRID Number 873 10. Pool name or Wildcat Eumont Yates 7 RQ
Unit LetterH:1650feet from theN line and	1
Section 7 Township 20S Range 37E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM Lea County
3554' GR	
12. Check Appropriate Box to Indicate Nature of Notice, NOTICE OF INTENTION TO: SUB PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT DOWNHOLE COMMINGLE	SEQUENT REPORT OF: K
OTHER: OTHER: Ter	nporary Abandon
 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: 2353-2896 MIRU. LD RODS. NU-BOP. POOH TBG DUMP BAIL 35' CMT ON CIBP @ 2950. SET CIBP @ 2310. DUMP BAIL 35' CMT ON CIBP. LOAD CSG W/ PKR FLUID. TEST CSG T0 560# FOR 30 MINUTES with a 20# loss to 540# Witnessed by NMOCD George Bower 	
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 <u>JOEL SISK</u> TITLE SR. PUMPER Type or print nameJOEL SISK E-mail address:joel.sisk@apacheccorp	DATE4/26/2017
For State Use Only Maley Blown TITLE A0/II DATE 5/4/2017 APPROVED BY: DATE 5/4/2017 Conditions of Approval (if any):	



