

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

HOBBS OCD
JUN 07 2011
RECEIVED

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-06489
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B0-9745-0004
7. Lease Name or Unit Agreement Name State Section 2
8. Well Number 21
9. OGRID Number 873
10. Pool name or Wildcat Hare; San Andres

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

2. Name of Operator
Apache Corporation

3. Address of Operator
303 Veterans Airpark Lane, Ste. 3000, Midland, TX 79705

4. Well Location
 Unit Letter **T** : **2205** feet from the **South** line and **988** feet from the **West** line
 Section **2** Township **21S** Range **37E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3486' DF

Pit or Below-grade Tank Application or Closure

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water N/A

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

5/26/11-----MIRU plugging equipment.

5/27/11-----Tag existing 5 1/2 CIBP @ 4018'. Circulate 94bbls MLF.
 Spot 35 sxs cm test to @ 3672'.
Calc.

5/31/11-----Perf @ 3190' pkr @ 2837'. Pressure tested to 1500 psi. Advised to spot 30 sxs from 3240' woc tag cmt plug @ 2986'.
 Perf @ 2329' pkr @ 2017'. Pressure tested to 1500 psi. Advised to spot 30 sxs from 2379' woc tag cmt plug @ 2136'.

6/1/11-----Perf @ 902' pkr @ 599' sqz 50 sxs cm test circ down 5 1/2 x 8 5/8 csg woc tag cmt plug @ 765'.
 Perf @ 352' est circ down 5 1/2 x 8 5/8 csg. Pump 110 sxs from 352 to surf down 5 1/2 x 8 5/8 csg.

6/2/11-----RDMO plugging equipment. *This well will be cut & capped when Apache receives partner approval.*

Approved for plugging of well bore only.
 Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.cmnr.state.nm.us/oed.

(mark Whitaker, OCD)

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE *Greg Bryant* TITLE *PTA Tech* (Basic Energy Services) DATE *6/2/11*

Type or print name: *Greg Bryant* E-mail address: _____ Telephone No. 432-563-3355

APPROVED BY *[Signature]* TITLE *Staff* DATE *6-7-2011*

JUN 08 2011