Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103 October 13, 2009
District 1 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals and Natural Resources		WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			30-025-05618
District III 1220 South St. Francis Dr.			5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe. NM 87505			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			North Monument G/SA Unit Blk. 3 8. Well Number 16
1. Type of Well: Oil Well 🗹 Gas Well 🗌 Other			
2. Name of Operator Apache Corp.			9. OGRID Number 873
3. Address of Operator			10. Pool name or Wildcat
P O box Drawer D Monument NM 88265			Eunice Monument G/SA
4. Well Location			
Unit Letter P :	660feet from theSout	th line	and990feet from the
Eastline			
Section 17	Township 19S	<u> </u>	7E NMPM Lea County
	11. Elevation (Show whether DR,	RKB, RT, GR, etc	c.)
			BREAKER STATE AND STATE STATE STATES AND S
12 Check An	propriate Box to Indicate N	ature of Notice	. Report or Other Data
			· · ·
—	PLUG AND ABANDON		RK
		CASING/CEMEI	—
			<u> </u>
OTHER:		OTHER:	extend TA status
	· · · · · · · · · · · · · · · · · · ·	9	
). SEE RULE 19.15.7.14 NMAC		nd give pertinent dates, including estimated date ompletions: Attach wellbore diagram of
2/26/13 MIRU Gandy truck # 610 and	pressure the casing to 520 psi W	e ran a chart to m	onitor pressure for 32 minutes and
The pressure loss was 40 pounds. Apac			
	1		
		Thie /	Approval of Temporary 22-2015 donment Expires
		Aban	donment Expires <u>6-66601</u>
		Aban	
Spud Date:	Rig Release Da	ite:	
		L	
I haraby partify that the information ab	ave is true and complete to the h	at of my knowled	loo and haliaf
I hereby certify that the information ab	ove is true and complete to the be	tsi or my knowled	של מות סלוולו.
SIGNATURE	TITLE_Ins	strument Tech	DATE 2-26-13
Type or print name Jim Ellison	E-mail address	: ID Filison@a	pacheccorp.com_ PHONE: _
For State Use Only			
	11 / ~		B 277 0012
APPROVED B			
Conditions of Ap _k va (if c)			
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