Office State of New Mexico	Form C-103
<u>District I</u> Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240  District II  District II	30-025-32532
1301 W. Grand Ave., Artesia, NM 88210 RECENTATION DIVISION District III 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 ALIG 116 2018 anto Eq. NIM 97505	STATE FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505  HOBBSOCD	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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	Bertha Barber
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other Injection well.	8. Well Number 15
2. Name of Operator	9. OGRID Number
Apache Corp.	10. Pool name or Wildcat
3. Address of Operator P O box Drawer D Monument NM 88265	Eumont
4. Well Location	
Unit Letter D : 990 feet from the N line and W line	1980 feet from the
Section 5 Township 20S Range 37E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	A Company of the Comp
12. Check Appropriate Box to Indicate Nature of Notice	, Report or Other Data
NOTICE OF INTENTION TO: SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WOR	
	RILLING OPNS. P AND A
PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMEN	NT JOB []
DOWNHOLE COMMINGLE	
OTHER: OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, an of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Comproposed completion or recompletion.	
Perfs @ 3207 - 3406	
Plan to miru and set CIBP @ +- 3150, dump bail 35' of cement on top and pressure test to 500 psi for 30 minutes.	
Spud Date: Rig Release Date:	
· L.	
I hereby certify that the information above is true and complete to the best of my knowled	
Thereby certify that the information above is true and complete to the best of my knowled	ge and benef.
SIGNATURE TITLE Instrument Tech	DATE 7-31.13
Type or print name Jim Ellison E-mail address: _JD.Ellison@ap	pacheccorp.com_PHONE:
FOI STATE USE ONLY	
APPROVED BY Conditions of Approved (15 mg)	DATE 8-6-201
Conditions of Approval (if any):	DATE 8-6-2013  AUG 06 2013 3
	1100 0 0 1010