| Submit I Copy To Appropriate District | State of New Mexico | | | | | Form C-103 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------|----------------------------------------|--------------------------------------|------------------------------|-----------------------|--|
| Office <u>District 1</u> – (575) 393-6161 | Energy, Min | Ainerals and Natural Resources | | THE LANGE | | vised July 18, 2013 | |
| 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 | DECEME | ASTRVATION DIVISION | | WELL API NO. 30-025-35904 | | | |
| of La. Phatat., Altesia, Trivi 60210 | | | | 5. Indicate Type of Lease | | | |
| District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460 AUG 22 20 3 anta Fe, NM 87505 | | | | STATE FEE | | | |
| - 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | 6. State Oil & | ¿ Gas Lease I | No. | |
| 87505 FIODDOCCD | | | | | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOTUSE 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 | | | | Northeast Drinkard Unit | | | |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injection | | | | 8. Well Number 240 | | | |
| 2. Name of Operator | | | | | 9. OGRID Number | | |
| Apache Corporation | | | | | 873 10. Pool name or Wildcat | | |
| 3. Address of Operator 303 Veterans Airpark Lane, Suite 3000 Midland, TX 79705 | | | | Eunice; B-T-D, North (22900) | | | |
| 4. Well Location | | | | Lumbe, B. P. J. North. (22000) | | | |
| Unit Letter M : | 3450 feet from | m the South | line and 660 | fee | t from the We | est line | |
| Section 3 | | hip 21S Range | | NMPM | County | · · | |
| | 11. Elevation (SF | now whether DR, RK | (B, RT, GR, etc., |) | 7.00 | (A) | |
| A SHEW SHEW | | 3433' GL | | | | | |
| 10 01 1 | A - Thus | an To die a Nilaan | CNI-4! | D 04 | de an Dada | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | | |
| NOTICE OF IN | NTENTION TO: | | | SEQUENT | | | |
| PERFORM REMEDIAL WORK | | ; | EMEDIAL WOR | | | NG CASING ☐ | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING CASING CASING CONTROL PROGRAM IN CASING CONTROL PROGRAM IN CASING CONTROL PROGRAM IN CONTROL PROGRAM IN CASING CONTROL PROGRAM IN CONTROL PROGRAM IN CASING CONTROL PROGRAM | | | | | | A I Program Manual | |
| PULL OR ALTER CASING DOWNHOLE COMMINGLE | MOLTIFIE COM | | | | | _ | |
| CLOSED-LOOP SYSTEM | | | | | | or less than 100 | |
| OTHER: TUBING LEA | AK REPAIR | <u> </u> | THER:feet of t | he uppermost | injection po | rfs or open hole. | |
| OTHER: TUBING LEAK REPAIR OTHER: feet of the uppermost injection perfs or open bele. 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. | | | | | | | |
| proposon compression in the | F | | | | | | |
| | | | | | | | |
| | | . 500.0 | | | | the attention | |
| Apache suspects a tubing leak on this well and intends to RIH & set a plug in the profile nipple @ 5698, pressure up on the tbg to confirm leak, repair and RTI. | | | | | | | |
| oonin in the second sec | | | | | | | |
| | | | | | | , | |
| | | | | | | | |
| | es restal | | | | | | |
| The Oil Conservation D |)ivision | | | Condition of | f Approval | l: notify | |
| MUST BE NOTIFIED 2 | | | OCD Hobbs office 24 hours | | | | |
| | | | pri | | | | |
| Splittion to the beginning of o | perations | Rig Release Date: | 8/8/2002 P* * | or of runnin | ig ivii i le | st & Chart | |
| | <u>.</u> | | L | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | | | |
| | | | | | | | |
| () no 1: | al. | C- C+-# D | | | O/Or | 1/2042 | |
| SIGNATURE FORM AL | <i>ye</i> | TITLE Sr Staff Re | egulatory lech | | _DATE_8/22 | 2/2013 | |
| Type or print name Reesa Holland | Fisher | E-mail address: | Reesa.Holland@a | pachecorp.com | PHONE 4 | 132-818-1062 | |
| For State Use Only | 7 | _ / | ··· ··· ··· ··· ··· ··· ··· ··· ··· ·· | | _ * * * * Oi, 100 * | | |
| ADDROVED BY | | | Lass | | O | 20-13 | |
| APPROVED BY. Conditions of Approval (if any): | | TITLE DIST. | INT | <u>-</u> | DATES-2 | 1-2013 | |
| The second contract the second | / | | | | | | |