Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 RECONVENSERVATION DIVISION		30-025-41112
		5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 SEP 23 2013Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		
87505 SUNDRY NOT	7 Lassa Nama ar Lluit Agranment Nama	
(DO NOT USE THIS FORM FOR PROP	7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPL	North Monument G/SA Unit Blk. 8	
PROPOSALS.)		
1. Type of Well: Oil Well	8. Well Number 2H	
2. Name of Operator	9. OGRID Number 873	
Apache Corp.		
<ol><li>Address of Operator</li></ol>	10. Pool name or Wildcat	
P O box Drawer D Monument NM	Eunice Monument G/SA	
4. Well Location		
Unit Letterl	:1330feet from theS line and	10feet from the
Eline		•
Section 26	Township 198 Range 361	E NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.,	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK D _PLUG AND ABANDON		REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON DC CHANGE PLANS		COMMENCE DRILLING OPNS.	P AND A
PULL OR ALTER CASING 🔲 MULTIPLE COMPL		CASING/CEMENT JOB	
OTHER:		OTHER:	

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.

Plan to move in wire line truck and set CIBP @ 3350' - 3375' with 35' of cement on top. Will load the casing with packer fluid and test to 500 psi. and chart for 32 minutes.

Spud Date:	Rig Release Date:	······································
I hereby certify that the information above is true and co	omplete to the best of my knowledge and belief.	
SIGNATURE	_TITLEInstrument Tech	DATE 9-20-13
Type or print name Jim Ellison	_ E-mail address: _JD.Ellison@apacheccorp.com_	PHONE:
For State Use Only		
APPROVED BY	TITLE Dist. MA	DATE 7-23-20 13
Conditions of Approval (if any):	SEP	2 3 2013 R

