| Submit 1 Copy To Appropriate District Office  | State of New M                   | lexico                |                              | Form C-103                             |
|---|----------------------------------|-----------------------|------------------------------|--|
| District I  | Energy, Minerals and Nat         | tural Resources       | 14 h                         | October 13, 2009                       |
| 1625 N. French Dr., Hobbs, NM 88240 HOB   | SOCD                             |                       | WELL API NO. 30-025-38453    | /···                                   |
| 1201 W. Count Assert Alba 98210 OH. CONSERVATION DIVISION   |                                  |                       | 5. Indicate Type of Lease    |  |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 CT 2 3 20131220 South St. Francis Dr.   |                                  |                       | STATE 🗹 FEE 🗌                |  |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM   |                                  |                       | 6. State Oil & Gas Lease No. |  |
| 87505   | CENTED                           |                       | 1                            | <i>i</i> .                             |
|   | S AND REPORTS ON WELL            |                       | 7. Lease Name or U           | nit 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 PROPOSALS.) |                                  |                       | North Monument G             |  |
| 1. Type of Well: Oil Well Gas Well TA'd well  |                                  |                       | 8. Well Number 35:           |  |
| 2. Name of Operator   |                                  | •                     | 9. OGRID Number              | 873                                    |
| Apache Corp.  3. Address of Operator  | 4                                | 1 .                   | 10. Pool name or W           | ildeat                                 |
| P O box Drawer D Monument NM 88265  |                                  |                       | Eunice Monument G/SA         |  |
| 4. Well Location  | •                                |                       |                              |  |
| Unit LetterC:_<br>W line  | 1250feet from the                | Nline and _           | 2630fe                       | et from the                            |
| Section 35  | Township 19S                     | Range 36E             | NMPM                         | Lea County                             |
|   | 1. Elevation (Show whether D     | R, RKB, RT, GR, etc.  |                              |  |
| 12 (1 1 4   |                                  | AÌ A CAT AÌ           | P 4 04 P                     |  |
| 12. Check App   | propriate Box to Indicate 1      | Nature of Notice,     | Report or Other D            | ata                                    |
| NOTICE OF INTE  |                                  |                       | SEQUENT REPO                 | ORT OF:                                |
| ·   | PLUG AND ABANDON                 | REMEDIAL WOR          | . —                          | LTERING CASING []                      |
|   | CHANGE PLANS   MULTIPLE COMPL    | COMMENCE DRI          | <del></del>                  | AND A                                  |
| PULL OR ALTER CASING    DOWNHOLE COMMINGLE  | /IOLTIPLE COMPL                  | CASING/CEMEN          | I JOB []                     |  |
| DOWNTOLL COMMUNICAL   |                                  |                       |                              |  |
| OTHER:  |                                  | OTHER: Extend         | TA status                    |  |
| 13. Describe proposed or complete of starting any proposed work proposed completion or recom  | . SEE RULE 19.15.7.14 NMA        |                       |                              |  |
|   |                                  |                       |                              |  |
| Move in Gandy truck and pressure the capache requests an extended TA status   |                                  | essure on a chart for | 33 minutes with a 5 po       | ound drop in pressure.                 |
|   |                                  | •                     | •                            |  |
|   |                                  | *                     |                              |  |
|   |                                  |                       |                              |  |
|   |                                  |                       |                              |  |
|   |                                  |                       | 1                            |  |
|   | •                                | Thi                   | s Approval of Te             | mporary                                |
| •   |                                  | Aba                   | andonment Expir              | es/0-72-2016                           |
|   |                                  |                       |                              | ]                                      |
| Spud Date:  | Rig Release D                    | Pate:                 |                              |  |
|   |                                  |                       |                              | J · .                                  |
| I haraby partify that the information about   | vo is two and sometate to the    |                       | 11 1' C                      | ······································ |
| I hereby certify that the information abo   | ve is true and complete to the i | best of my knowledg   | e and belief.                |  |
| SIGNATURE OF THE SIGNATURE  | TITLE II                         | nstrument Tech        | DATI                         | :<br>: 10-22-13                        |
|   | 111111                           |                       | DATI                         | - 10 000 10                            |
| Type or print nameJim Ellison   | E-mail addre                     | ss: _JD.Ellison@apa   | checcorp.com_ PHON           | IE:                                    |
| For State Use Only  |                                  | . /                   |                              | - Y                                    |
| APPROVED BY   | TITLE L                          | Et ME                 | DATE                         | 10-23-201                              |
| Conditions of Approval (if any):  |                                  |                       |                              |  |
| · · · · · · · · · · · · · · · · · · ·   |                                  |                       | OCT 232                      | 013                                    |

