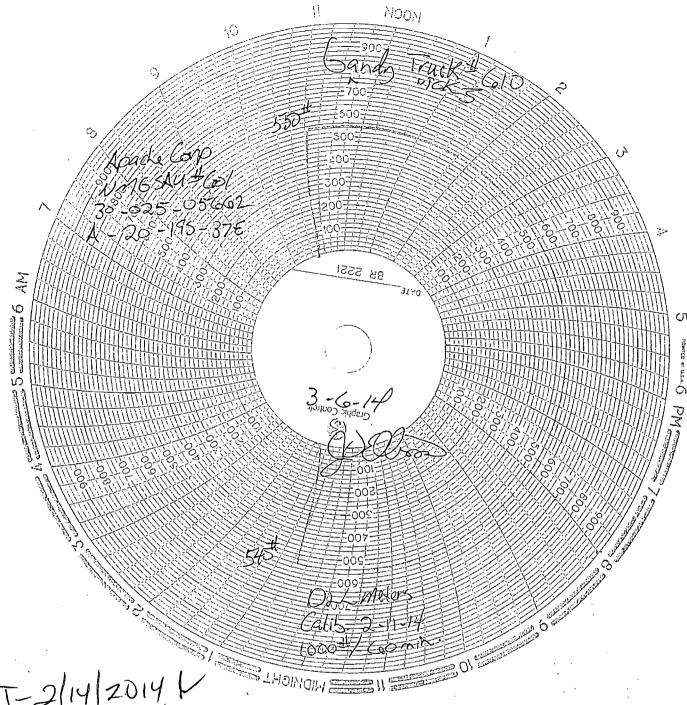
Submit Copy To Appropriate District HOBBS OCD State of New Mexico Office	Form C-103
District 1 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 6 2014	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION	30-025-05662 5. Indicate Type of Lease
District III 1000 Rice Program Red. Action NIA 87410 DECEMBER 1220 South St. Francis Dr.	STATE 🛛 🖊 FEE 🗌
District IV Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (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	7. Lease Name or Unit Agreement Name
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Injection well	North Monument G/SA Unit Blk. 6 8. Well Number 1
2. Name of Operator	9. OGRID Number 873
Apache Corp. 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_A : 660 feet from the N line and 660 feet from the	
Eline	
Section 20 Township 19S Range 37 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 PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON	
DOWNHOLE COMMINGLE	
OTHER: MPT 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 a Gandy pump truck. Pressure test the casing to 500 psi and chart the pressure for 32 minutes.	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE	DATE 3-6-14
Type or print namelim Ellison E-mail address: _JD.Ellison@apa	ncheccorp.com_PHONE:
For State Use Only	
APPROVED BY: Mark White Compliance Officer DATE 03/07/2014	

CONDITION OF APPROVAL: Operator shall give the OCD District Office 24 hour notice before running the MIT test and chart.

JUN \$ 7 2014



J. BHT-2/14/2014 V

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