Submit 1 Copy To Appropriate District Office				Form C-103
District I		State of New Mexico		vised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	
<u>District II</u>	OIL CONSERVATION DIVISION		30-025-068	522 _
811 A. First St., Artesia, NM 88210 Disrtict III			5. Indicate Type of Lease	_
1000 Rio Brazos Rd. Aztec, NM 87410	1220 South S	t. Francis Dr.	STATE 🗌	FEE 🗹
District IV	Santa Fe, N		6. State Oil & Gas Lease N	O.
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES	AND REPORTS ON WEL	IS	7. Lease Name or Unit Agre	pement Name
(DO NOT USE THIS FORM FOR PROPOSA				
DIFFERENT RESERVIOR. USE "APPLICAT			W. S. Marsha	III "B"
PROPOSALS.)		HOBBS	8. Well Number	
	✓ Other		7	ν
2. Name of Operator	e Corporation /	APR I @ 50	9. OGRID Numer 873	
3. Address of Operator	e Corporation /		10. Dool Namo	
303 Veterans Airpark Lar	ne, Ste. 3000, Midland, T	X 79705 RECEIVE	Tubb Oil &	Gas
4. Well Location				
Unit Letter L :	2310 feet from the	S line and		N line
Section 27	•	Range 37E	NMPM Count	y Lea
[11.	Elevation (Show whether Date 34	R, RKB,RT, GR, etc.) 20' GL		
<u>kinangging saktuat na mangging sa ang at saktua</u>	,	ZV OL	<u></u>	
12. Check Ap	propriate Box To Indicate	Nature of Notice, Rep	ort, or Other Data	
NOTICE OF INTI		<u> </u>	SUBSEQUENT REPORT	ΓOF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL	· · · · · · · · · · · · · · · · · · ·	
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS MULTIPLE COMPL	CASING/CE	E DRILLING OPNS.	
DOWNHOLE COMMINGLE	MOLTIPLE COMPL	ALTERING		
DOWNINGEE COMMINGEE		P AND A		
OTHER:		OTHER:	ā	
13. Describe proposed or completed ope				
starting any proposed work.) SEE RULE 17	103. For Multiple Completio	ns: Attach wellbore diag	ram or proposed completion	or recompletion.
			•	
1/27/15 MIRU SU. Pooh rod & pump. 1/28/15 NU BOP, Pooh w/ tbg. Secure well. RDMO SU. Well is now ready for approved P&A procedure.				
	approved P&	A procedure.		
		•		
Could Date:		Rig Release Date:		
Spud Date:		Nig Nelease Date.		
I hereby certify that the information above is true a	and complete to the best of my l	nowledge and belief.	The second secon	
. P .	1			
SIGNATURE Sum &	Surso TITLE	Sr. Reclamation Fo	oreman DATE 👍 .	-14-15
Type or print name Guinn E	Burks E-mail add.	guinn.burks@apache	corp.com PHONE:	32-556-9143
For State Use Only	u /	1		1]
APPROVED BY:	A LOW VITLE	Dist. Supe	EWISOU DATE 4/	20/2015
Conditions of Approval (if any):				t -