Submit I Copy To Appropriate District Office	State of New N		Form C-10
District I	Energy, Minerals and Na	ntural Resources	October 13, 200
1625 N. French Dr., Hobbs, NM 88240 District II	OII		WELL API NO. 30-025-41726
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATIO		5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fi		STATE FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM	8/303	6. State Oil & Gas Lease No.
87505.			
(DO NOT LISE THIS EODM FOR PROPOSA	ES AND REPORTS ON WELL	DILIC DACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICA	TION FOR PERMIT" (FORM C-194)	RRS EVED	North Monument G/SA Unit Blk. 302708
TROTOS/IES.)	Gas Well		8. Well Number 436
2. Name of Operator		2 9 2015	9. OGRID Number 873
Apache Corp.	7 301		
3. Address of Operator P O box Drawer D Monument NM 8	9265 <b>n</b>	COEWED	10. Pool name or Wildcat Eunice Monument G/SA
4. Well Location	<u>8203                                    </u>	ECEIVED	Eunice Monument G/SA
	1625 foot from the	S line and	122 foot from the
E line	10231eet from the		132feet from the
Section 30	Township 19S	Range 37E	NMPM Lea County
	11. Elevation (Show whether L		
	,		200 E
	'		
12. Check Ap	propriate Box to Indicate	Nature of Notice,	Report or Other Data
NOTICE OF INT	ENTION TO:	SUF	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		REMEDIAL WOR	
TEMPORARILY ABANDON 🗹	CHANGE PLANS	COMMENCE DR	ILLING OPNS.□ P AND A □
	MULTIPLE COMPL	CASING/CEMEN	IT JOB 🔲
DOWNHOLE COMMINGLE			
OTHER:	П	OTHER:	П
13. Describe proposed or complete		Il pertinent details, ar	nd give pertinent dates, including estimated da
		AC. For Multiple Co	empletions: Attach wellbore diagram of
proposed completion or recor	npietion.		
Perfs 3810' to 3910'			
		ν	
packer fluid, pressure test to 500 psi fo			' of cement on top of plug. Load the hole with
packer fluid, pressure test to 300 psi to	4 30 minutes and chart the resu		
		Con	dition of Approval: notify
		00	D Hobbs office 24 hours
			f running MIT Test & Chart
		Prior o	i i annung miri 1001 00 Cuait
		<u> </u>	
Spud Date:	Rig Release	Date:	
I hereby certify that the information ab	ove is true and complete to the	best of my knowledg	ge and belief.
$\bigcirc$ \ $@$			
SIGNATURE SIGNATURE	TITLE	Instrument Tech	DATE_ <i>6-30-15</i>
SIGNATURE			
Type or print nameJim Ellison	E-mail addr	ess: _JD.Ellison@ap	acheccorp.com_ PHONE: <u>575 - 441 - 77</u>
For State Use Only	0	<b>.</b> .	
APPROVED BY:	Brown TITLE D	ist Supen	MAC DATE 6/30/2015
Conditions of Approval (if any)	, — +007 — III DL 19	Super	DAIL SI SUINDIS
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