Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		October 13, 2009	
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-025-37934	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE	
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No	
1220 S. St. Francis Dr., Santa Fe, NM				
SUNDRY NOTIC	CES AND REPORTS ON WELLS		7. Lease Name or Unit Agre	ement Name
(DO NOT USE THIS FORM FOR PROPOS			7. Ecase Name of Chieffgre	Cinema Ivame
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			North Monument G/SA Unit Blk. 6	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well			8. Well Number 340	
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:	165feet from theS_	line and	2630feet from th	e
E line				1
Section 20	Township 19S	Range 37E	NMPM Lea	County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
The factor (ones, minutes) and the factor of				
12. Check A	ppropriate Box to Indicate N	ature of Notice.	Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				GCASING _
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI				
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	T JOB	
DOWNHOLE COMMINGLE				
OTHER:	П	OTHER:		П
	eted operations. (Clearly state all p		d give pertinent dates, including	g estimated date
	k). SEE RULE 19.15.7.14 NMAC			
proposed completion or recompletion.				
Perfs 3876' – 3970'				
Plan to set CIBP @ +- 3850 with 35 ' of cement on top of plug. Will load the casing with packer fluid, pressure test to 500 psi for 30				
minutes, & record the test on a chart.				
minutes, & record the test on a chart.			HOBBS OCD	
			SEP 0 8 2015	
			RECEIVED	
			WEOFIACD	
Spud Date:	Rig Release Da	nte:	1	
I hereby certify that the information a	bove is true and complete to the bo	est of my knowledg	e and belief.	
() V()			DATE_\$\frac{\chi}{2}	سيرا - ي
SIGNATURE	TITLEIns	strument Tech	DATE_Z - Z	9 /3
Type or print nameJim Ellison	E mail address	: ID Ellison@an	acheccorp.com_PHONE.5_75	5-441-7724
For State Use Only	\circ			1 1
1	uK. **	+ 4 -	•	101
APPROVED BY:	M Brownedle Di	st typ	WHOU DATE 7/	4/2015
Conditions of Approval (if any).	\	U		ı
V			SEP 0 9 2015	
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