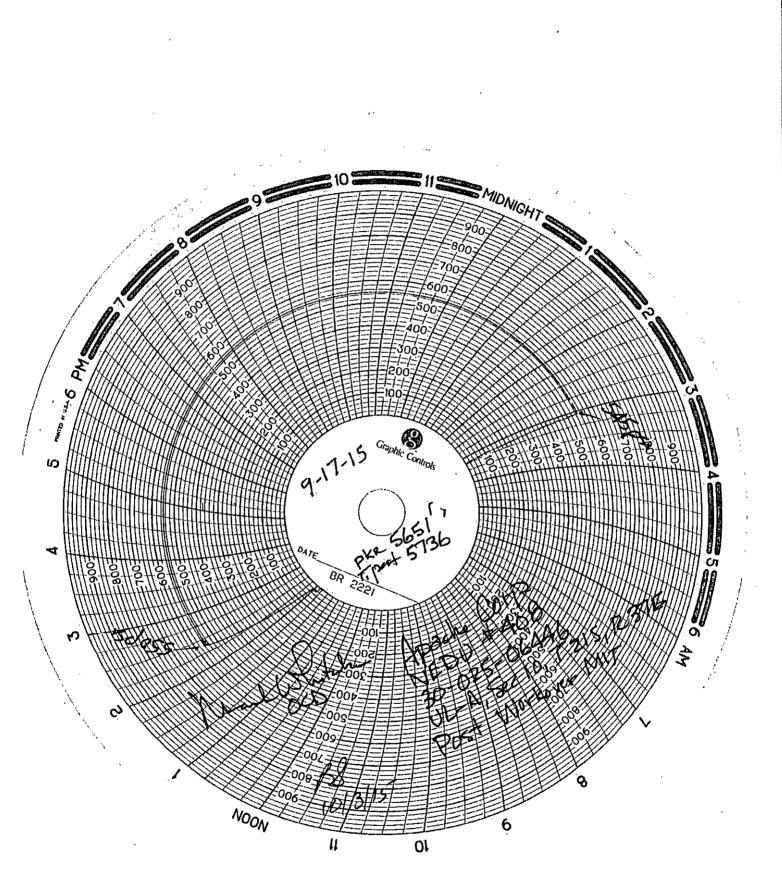
Submit 1 Copy To Appropriate District	State of New Mey	viac	г	C 102
Office				Form C-103 d July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	5 N. French Dr., Hobbs, NM 88240		WELL API NO.	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210			30-025-06446 5. Indicate Type of Lease	
District III (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE	
District IV - (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
220 S. St. Francis Dr., Santa Fc, NM 7505				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agree	ment 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.)			Northeast Drinkard Unit (NEDU	) / 22503
1. Type of Well: Oil Well Gas Well Other Injection Well			8. Well Number 408	
2. Name of Operator Apache Corporation			9. OGRID Number 873	
3. Address of Operator 303 Veterans Airpark Lane, Suite 1000 Midland, TX 79705			10. Pool name or Wildcat	
	JU Midland, 1X 79705		Eunice; B-T-D, North (22900)	
I. Well Location Unit Letter A	60feet from the North	line and _660	feet from the East	line
Section 10	· · · · · · · · · · · · · · · · · · ·	ige 37E	NMPM County Le	8
	11. Elevation (Show whether DR, a 3452' DF	RKB, RT, GR, etc.)		
na an Iong ang ing ang ing ang ing ang ing ang ing ing ing ing ing ing ing ing ing i	0.02 0		The second s	lands on a source, as all
12. Check A	ppropriate Box to Indicate Na	ture of Notice,	Report or Other Data	
NOTICE OF IN		SUB	SEQUENT REPORT OF	
	PLUG AND ABANDON	REMEDIAL WOR		CASING 🔲
	CHANGE PLANS	COMMENCE DRI		
	MULTIPLE COMPL	CASING/CEMEN	LI LI	
DTHER:			L MIT PRESSURE TEST	
13. Describe proposed or compl	eted operations. (Clearly state all pe	ertinent details, and	d give pertinent dates, including	estimated date
proposed completion or reco	rk). SEE RULE 19.15.7.14 NMAC.	. For Multiple Co	npienons: Auach wentoore diag	
proposed completion of ree				
		/		
ache performed a pressure re-test o	n 9/17/2015; see chart attached.	-		
·		[	·····	
pud Date: 3/28/1957	Rig Release Dat	e: 4/1/1957		m
L				B
hanaha	have in the and an ender to the ba	at of my knowlade	a and haliaf	
nereby certify that the information a	above is true and complete to the be	st of my knowledg	e and benci.	
0 1	1			
IGNATURE MARA HA	TITLE Sr. Staff	f Reg Analyst	DATE 9/30/20	15
ype or print name Reesa Fisher	E-mail address	Reesa.Fisher@ap	achecorp.com PHONE: (432	) 818-1062
For State Use Only R				
APPROVED BY: Conditions of Approval (if any):	namah TITLE	Staff W.	Nage DATE 101	13/15-
onomons of Approval (it any):				

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