

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)</p>		<p>WELL API NO. 30-025-12467</p>
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/></p>		<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>2. Name of Operator Apache Corp.</p>		<p>6. State Oil &amp; Gas Lease No.</p>
<p>3. Address of Operator P O box Drawer D Monument NM 88265</p>		<p>7. Lease Name or Unit Agreement Name State V</p>
<p>4. Well Location Unit Letter <u>H</u> : <u>2310</u> feet from the <u>N</u> line and <u>330</u> feet from the <u>E</u> line Section <u>36</u> Township <u>19S</u> Range <u>36E</u> NMPM Lea County</p>		<p>8. Well Number 3</p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>		<p>9. OGRID Number 873</p>
<p>10. Pool name or Wildcat Eumont Yates 7RQ</p>		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

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.

Perfs 3165' - 3458'

Plan to move in PU & POOH with tbq. RIH with CIBP & set @ +- 3115' & dump 35' of cement on top of the plug. Load the casing with packer fluid & pressure test to 500 psi & chart the results.

**See Attached**  
**Conditions of Approval :**  
**SUBMIT WELLBORE DIAGRAM**

**Condition of Approval: notify**  
**OCD Hobbs office 24 hours**  
**prior of running MIT Test & Chart**

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 JD Ellison TITLE Instrument Tech DATE 2/16/2016

Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE: 575-441-7734

For State Use Only

APPROVED BY: Mary A. Brown TITLE Dist. Supervisor DATE 2/17/2016

Conditions of Approval (if any):

**NO PROD REPORTED - 14 MONTHS**

**FEB 17 2016**