Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-42473 5. Indicate Type of Lease
District III - (505) 334-6178	1220 South St. Francis Dr.	STATE STEE STATE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		
87505 SUNDRY NOT	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	WARN STATE AC2
DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	ICATION FOR PERMIT" (FORM C-101) FOR SUCH	8. Well Number 028
1. Type of Well: Oil Well	Gas Well Other HOBBS OCD	•
2. Name of Operator		9. OGRID Number
Apache Corporation	/ MAD 1 1 2010	873
3. Address of Operator	MAR 11 2016	10. Pool name or Wildcat
303 Veterans Airpark Lane, Ste 10		VACUUM;UPPER PENN –
	RECEIVED	VACUUM;WOLFCAMP – VACUUM;ABO REEF
4. Well Location		VACOUM, ABO REEF
1	eet from the NORTH line and 1095 feet from the W	/EST line √
Section 6 Township	p 18S Range 35E NMPM County	LEA
科斯克尔特 医现代性炎 多数有效处理	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	3984' GR	
PERFORM REMEDIAL WORK TEMPORARILY ABANDON DULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM THER: 13. Describe proposed or compof starting any proposed we proposed completion or results.	PLUG AND ABANDON	AILLING OPNS. P AND A TIT JOB TO THE PROPERTY OF THE PROPERTY
APACHE REQUEST TO WITHDE		
	RAW PERMIT FOR WARN STATE AC 2 #28 .	
	RAW PERMIT FOR WARN STATE AC 2 #28 .	
Spud Date:	RAW PERMIT FOR WARN STATE AC 2 #28 . Rig Release Date:	
Spud Date:		
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I hereby certify that the information SIGNATURE:	Rig Release Date:	DATE:
I hereby certify that the information SIGNATURE:	Rig Release Date: above is true and complete to the best of my knowledge TITLE: DRLG TECH	DATE:
I hereby certify that the information SIGNATURE: Type or print name: Sorina L Flore	Rig Release Date: above is true and complete to the best of my knowledge TITLE: DRLG TECH	DATE:PHONE: 432-818-1167