

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

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

WELL API NO.  
30-025-42238

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

22503

7. Lease Name or Unit Agreement Name  
NORTHEAST DRINKARD UNIT

8. Well Number 556

9. OGRID Number  
873

10. Pool name or Wildcat  
EUNICE; BLI-TU-DR, N

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

HOBBS OCD

2. Name of Operator

Apache Corporation

MAR 14 2016

3. Address of Operator

303 Veterans Airpark Lane, Ste 1000, Midland, TX 79705

RECEIVED

4. Well Location

Unit Letter A : 570 feet from the NORTH line and 1300 feet from the EAST line

Section 15 Township 21S Range 37E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3441' GR

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 ☐

CLOSED-LOOP SYSTEM ☐

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.

APACHE REQUEST TO WITHDRAW PERMIT.

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:

*Sorina L Flores*

TITLE: DRLG TECH

DATE:

3/9/16

Type or print name: Sorina L Flores

E-mail address: sorina.flores@apachecorp.com

PHONE: 432-818-1167

For State Use Only

APPROVED BY:

*[Signature]*

TITLE

Petroleum Engineer

DATE

07/14/16

Conditions of Approval (if any):

MAR 15 2016

*jm*