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			WELL API NO.	/
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-05784	
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEI	
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Salita Pe, Nivi 8	1303	6. State Oil & Gas Lease No	
87505				
	CES AND REPORTS ON WELLS	S	7. Lease Name or Unit Agree	ement Name
(DO NOT USE THIS FORM FOR PROPOS				
DIFFERENT RESERVOIR. USE "APPLIC	ATION FOR PERMIT" (FORM C-101) F	FOR SUCH	North Monument G/SA Unit	t Blk. 16
PROPOSALS.)	Gas Well Other Injection we	HOBBS OC	8. Well Number 07	/
1. Type of Well: Oil Well	das well Other Injection we	III.	0. OCDID Number 972	/
2. Name of Operator		MAD 9 1 2016	9. OGRID Number 873	/
Apache Corp.		MAR 31 2016	10. Dool name or Wildoot	
3. Address of Operator	99345		10. Pool name or Wildcat	
P O box Drawer D Monument NM	88203	RECEIVE	North Monument G/SA	16
4. Well Location		and the last of the		
Unit LetterG:	1980feet from theN_	line and	1980feet from t	the /
E line				
The state of the s	T 106	D 271	NIMDM I a	Country
Section 32	Township 19S	Range 37I		County
	11. Elevation (Show whether DR	R, RKB, RT, GR, etc	.)	
CONTROL DE LA CO				
12. Check A	ppropriate Box to Indicate N	Nature of Notice,	Report or Other Data	
NOTICE OF IN	OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	RK ALTERING	CASING
TEMPORARILY ABANDON			RILLING OPNS. P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN		434
DOWNHOLE COMMINGLE		onoma ozmen		
DOWNINGEE COMMINGEE		1 2.7		
OTHER:		OTHER:	5 year pressure test	
OTTLET.			o year pressure test	
move in Maclaskey pump truck to perminutes with no loss.				
Spud Date:	Rig Release D	ate:		
I hereby certify that the information a	bove is true and complete to the b	est of my knowleds	ge and belief.	cF
0 > -0/	1			-
(1)5/1)			
SIGNATURE	TITLE IN	strument Tech	DATE3/23	3/16
	11122_111		51112_5125	A STANTANT OF THE
Type or print nameJim Ellison	F-mail addres	s: ID Ellison@an	acheccorp.com_ PHONE:57	5-441-7734
For State Use Only	D-man addres	ap		
2 of blate Ose Omy)			APR DV
APPROVED BY: Self X	Somand TITLE	Staff M	Nage DATE U	1-16
Conditions of Approval (if any):	- TILLE	A \$7 (\$1.45 p. 1.76 p. 7.65 p.	, DATE 1	
Conditions of Approval (II ally).				ADD OI

