

Submit 1 Copy To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Alameda, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 13, 2009

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

WELL API NO. 30-025-05974
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Bertha J Barber
8. Well Number 2
9. OGRID Number 873
10. Pool name or Wildcat Eunice Monument G/SA

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> TA'd	RECEIVED
2. Name of Operator Apache Corp.	APR 06 2016
3. Address of Operator P O box Drawer D Monument NM 88265	HOBBS OCD
4. Well Location Unit Letter A : 330 feet from the North line and 990 feet from the East line Section 7 Township 20S Range 37E NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3'574' GL	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/> Extend TA status		OTHER: <input type="checkbox"/>	

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.

Plan to move in a pump truck, pressure test the casing to 500 psi, & chart the results for 30 minutes.

6 MONTH EXT.  
ONLY !!  
LAST TA EXPIRED  
1/13/2013.

Condition of Approval: notify

OCD Hobbs office 24 hours

Spud Date:

prior of running MIT Test & Chart

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jim Ellison TITLE Instrument Tech DATE 4/5/16

Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE: \_\_\_\_\_

For State Use Only

APPROVED BY: Mary Brown TITLE Dist Supervisor DATE 4/6/2016

Conditions of Approval (if any):

APR 06 2016