Submit 1 Copy To Appropriate District Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 District IV	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-103 October 13, 2009 WELL API NO. 30-025-05623 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505			<ol> <li>State Off &amp; Gas Lease No.</li> <li>Lease Name or Unit Agreement Name</li> </ol>		
(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.)			North Monument G/SA Unit Blk. 2		
2. Name of Operator Apache Corp. /	as Well 🔲 Other Injection y	IOBBS OCD	9. OGRID Number 873		
3. Address of Operator P O box Drawer D Monument NM 88	265	APR 06 2016	10. Pool name or Wildcat North Monument G/SA		
4. Well Location Unit LetterM:	660feet from theS	RECEIVED	feet from the		
Section 18	Township 19S	Range 37E	NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
	ENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	SUBS REMEDIAL WORK COMMENCE DRII CASING/CEMENT	LLING OPNS. P AND A		
OTHER:			5 year pressure test		

 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.

Move in Maclaskey pump truck to perform pressure test on casing. Pressured the casing to 550 psi & recorded the test on a chart for 33 minutes with no loss to 550 psi.

Spud Date:	Rig Release Date:	
I hereby certify that the information above is	s true and complete to the best of my knowledge and beli	ief. CF
SIGNATURE DELLOS	TITLEInstrument Tech	DATE3/30/16
Type or print nameJim Ellison	E-mail address: _JD.Ellison@apacheccorp	o.com_ PHONE:575-441-7734
For State Use Only		APR 1 1, 281
APPROVED BY: Sel Soman	TITLE Staff Manager	DATE 4-8.14
Conditions of Approval (if any):		

