Submit 1 Copy To Appropriate District	tesia, NM 88210 tec, NM 87410 Difference of reconstruction dependence of		Form C-103
Office District I 1625 N. French Dr., Hobbs, NM 88240			October 13, 2009 WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210			30-025-12729
District III			5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas Lease No.
87505 SUNDRY NOTIO	CES AND REPORTS ON WELLS	1.73	7. Lease Name or Unit Agreement Name
(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. 4 8. Well Number 7
1. Type of Well: Oil Well  Gas Well  Other Injection well    2. Name of Operator  HOBBS OCD			9 OCRID Number 873
Apache Corp.			
3. Address of Operator P O box Drawer D Monument NM	88265 API	10. Pool name or Wildcat North Monument G/SA	
4. Well Location	RE	CEIVED Ine and	
Unit LetterG:_ Eline	1980feet from the1	N line and	1980feet from the
Section 24	Township 19S	Range 36E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
12. Check A	ppropriate Box to Indicate Na	ature of Notice,	Report or Other Data
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  ALTERING CA    TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS.  P AND A			
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	ТЈОВ
OTHER:		OTHER:	5 year pressure test
	k). SEE RULE 19.15.7.14 NMAC		d give pertinent dates, including estimated date mpletions: Attach wellbore diagram of
Move in Maclaskey nump truck to pe	rform pressure test on casing Press	ured the casing to	560 psi & recorded the test on a chart for 33
minutes with a 10 lb. loss to 550 psi.	from pressure test on easing. Tress	area the casing to	soo psi de recorded the test on a chart for 55
Spud Date:	Rig Release Dat	te:	
		A	
I hereby certify that the information a	hove is true and complete to the be	st of my knowledg	e and belief
	$\gamma$	st of my knowledg	e and belief. CF
SIGNATURE OU	TITLE Inst	rument Tech	DATE3/30/16
T			
Type or print name Jim Ellison E-mail address: _JD.Ellison@apacheccorp.com_ PHONE:575-441-7734    For State Use Only			
APPROVED BY: Bellow	namah TITLE SI	tiff Man	APR 11:

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Conditions of Approval (if any):

