

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.

30-025-05672 ✓

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

North Monument G/SA Unit Blk. 7 ✓

8. Well Number 13 ✓

9. OGRID Number 873 ✓

10. Pool name or Wildcat
North 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 ☐ Gas Well ☐ Other Injection well. ✓

2. Name of Operator

Apache Corp. ✓

3. Address of Operator

P O box Drawer D Monument NM 88265

4. Well Location

Unit Letter M : 660 feet from the S line and 660 feet from the W line ✓Section 21Township 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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐TEMPORARILY ABANDON ☐PULL OR ALTER CASING ☐DOWNHOLE COMMINGLE ☐PLUG AND ABANDON ☐CHANGE PLANS ☐MULTIPLE COMPL ☐

OTHER:

☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐COMMENCE DRILLING OPNS. ☐CASING/CEMENT JOB ☐ALTERING CASING ☐P AND A ☐

OTHER:

☐

5 year pressure test

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.

Move in Maclaskey pump truck to perform pressure test on casing. Pressured the casing to 550 psi & recorded the test on a chart for 32 minutes with no loss to 550 psi.

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

TITLE Instrument TechDATE 3/29/16Type or print name Jim EllisonE-mail address: JD.Ellison@apacheccorp.com PHONE: 575-441-7734

For State Use Only

APPROVED BY:

TITLE Staff ManagerDATE 5-11-16

Conditions of Approval (if any):

MAY 12 2016

