	Didic OI I WW MICAICO				C-103
Office <u>District I</u> – (575) 393-61 <b>COBBS OCD</b> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88240 <u>District III</u> – (505) 334-6178 0 6 2016 OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			Revised July 18, 2013         WELL API NO.         30-025-06730         5. Indicate Type of Lease         STATE         FEE         6. State Oil & Gas Lease No.		
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		
2. Name of Operator Apache Corporation			9. OGRID Nun 873	nber	(
3. Address of Operator			10. Pool name		
303 Veterans Airpark Lane, Suite 1000 Midland, T	X 79705		Eunice; B-T-D, N	lorth (22900)	/
4. Well Location Unit Letter H : 1980 feet	from the North	line and 660	feet fr	om the East	line
Section 22 Tow	nship 21S R	ange 37E 2, <i>RKB</i> , <i>RT</i> , <i>GR</i> , <i>etc.</i> )	NMPM	County Lea	
	3412' GL				
12. Check Appropriate B NOTICE OF INTENTION T	O:	SUB	SEQUENT R	EPORT OF:	
PERFORM REMEDIAL WORK       PLUG AND A         TEMPORARILY ABANDON       CHANGE PL/         PULL OR ALTER CASING       MULTIPLE C         DOWNHOLE COMMINGLE       CLOSED-LOOP SYSTEM		REMEDIAL WORI COMMENCE DRI CASING/CEMEN	LLING OPNS.	ALTERING CAS P AND A	
OTHER:		OTHER: ANNUA		and the second	
<ol> <li>Describe proposed or completed operations of starting any proposed work). SEE RULI proposed completion or recompletion.</li> <li>Apache performed an annual pressure test on 5/25/20</li> </ol>	E 19.15.7.14 NMA	C. For Multiple Cor			
Spud Date: 1/5/1949	Rig Release Da	ate: 2/11/1949			
	1 1-4- 4- 4h- h		a and hallof	A State State	
I hereby certify that the information above is true an	d complete to the b	est of my knowledge	e and belief.		
SIGNATURE Rease Fisher	TITLE Sr. Sta	ff Reg Analyst	E	ATE 6/1/2016	
Type or print name Reesa Fisher	E-mail addres	s: Reesa.Fisher@apa	achecorp.com P	HONE: (432) 818-	1062
For State Use Only APPROVED BY: Conditions of Approval (if any):	Murtle	st Super	Visor D	ATE 6/6/2	DIL
v				5	

