Submit 1 Copy To Appropriate District	State of New Mo	exico		Form C-103
Office District I	Energy, Minerals and Nati	ural Resources	4	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
District II	OIL CONSERVATION DIVISION		30-025-32441	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of	
1000 Rio Brazos Rd., Aztec, NM 87410				FEE
District IV	Santa Fe, NM 87505		6. State Oil & Ga	s Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			76480	
	ES AND REPORTS ON WELLS	S	7. Lease Name or	Unit
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			Byrd Gas Com	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			8. Well Number 8	
PROPOSALS.)  1. Type of Well: Oil Well	as Well 🛛 Other	anne act	o. Well Hamber o	
2. Name of Operator	as well \( \square \) Other	Charles and the second	9. OGRID Numbe	or 000000
Apache Corp.			9. OOKID IVIIIIO	873/
3. Address of Operator		AUG 1 6 2016	10. Pool name or	Wildcat
P O box Drawer D Monument NM 8	8265		Eumont Yates 7R0	
		DECEIVED	Editione Tates / Its	<u> </u>
4. Well Location		RECEIVED		
Unit LetterK:_	2310feet from theS_	line and _165		theW_line
Section 11	Township 20S	Range 361		Lea County
	11. Elevation (Show whether DR	R, RKB, RT, GR, etc.	)	
<b>发展,这种企业的企业。</b>		6 2		
12. Check Ar	propriate Box to Indicate N	Nature of Notice,	Report or Other	Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR			RK 🗆	ALTERING CASING
TEMPORARILY ABANDON	DON 🛛 CHANGE PLANS 🔲 COMMENCE DRIL			P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	T JOB	
DOWNHOLE COMMINGLE				
OTHER:		OTHER:		
13. Describe proposed or comple	ted operations. (Clearly state all s). SEE RULE 19.15.7.14 NMA			
0 1 1		C. For Multiple Co	mpietions: Attach w	elibore diagram of
proposed completion or recor	iipietioii.			
Perfs 3302-3538				
1010 0002 0000				
<ol> <li>MIRU, LD RODS, NU-BOP.</li> </ol>	POOH W/ TBG.			
2. SET CIBP @ 3227'. DUMP BAIL 35' CMT ON CIBP.  Condition of Approval: notify				
4. NOTIFY OCD 24 HRS BEFO	ORE TESTING & CHART REC	ORD. O	CD Hobbs office	24 hours
5. REQUEST TA STATUS Rule 19.15.25.14 prior of running MIT Test & Chart				
Rule 19.15.25.	14	prior	of running will	Test & Chart
Set CIBP, RBP or Packer within 1	00 feet of uppermost			
perfs or open hole Pressure test to 5	00 noi for 30 minutes with			
perfs or open hole Pressure test to 5	100 psi toi 00 ilimatee ilia			
Spud Date: a pressure drop of not greate	r than 10% over a	See The second		
Spud Date: 30 minute per	riod Rig Release D	ate:		
Of Hilliate per				
A CANADA		A COLUMN	A TOTAL OF THE PARTY OF	
I hereby certify that the information ab	ove is true and complete to the b	est of my knowledg	ge and belief.	
1104	4			
SIGNATURE C/M SUM	TITLESI	R. PUMPER	DAT	E8/16/2016
Type or print nameJOEL SISK	E-mail addres			
For State Use Only				
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XVIAI	ARIONA NO	+ 5 0	414444	Qluelani
APPROVED BY:	& Brownspie Di	ist Sup	ewisolda	TE 8/16/2014
APPROVED BY: Conditions of Approval (if any):	& Brownspie Di	ist Sup	evisorda	TE 8/16/2016