Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
0.00	ergy, Minerals and Natural Resour	
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District III 1301 W. Grand Ave., Artesia, NM 88210 SEP 09I District III 1000 Ria Brazos Rd. Aztec. NM 87410	201220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe NM 87505	
District IV 1220 South St. Trancis Dr., 1220 South St. Trancis Dr., 1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lease No. 76480
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		7. Lease Name or Unit
		A Byrd Gas Com 8. Well Number 8
PROPOSALS.) 1. Type of Well: Oil Well Gas Well	Other	
2. Name of Operator		9. OGRID Number 000873
Apache Corp. 3. Address of Operator	J	10. Pool name or Wildcat
P O box Drawer D Monument NM 88265		Eumont Yates 7RQ
4. Well Location		
Unit LetterK:2310	feet from theS line a	nd _1650feet theWline
Section 11 Township 20S Range 36E NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
12. Check Appropri	ate Box to Indicate Nature of N	Notice, Report or Other Data
	are box to indicate i datate of i	
, E-PERMITTING <swdi< td=""><td>NJECTION&gt;</td><td>SUBSEQUENT REPORT OF:</td></swdi<>	NJECTION>	SUBSEQUENT REPORT OF:
	REMEDIA COMMEN	AL WORK ALTERING CASING ALTERING CASING ALTERING OPNS. P AND A
CSNGCH		
INT TO PA P&A NR P	&A R, ] OTHER:	TA TEST
		tails, 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	1.	
	chis Approval o	f Temporary
Perfs 3302-3538 Abandonment Expires 9/7/2020		
1 MIRLL & DODS NUL DOD DOOL		
<ol> <li>MIRU. LD RODS. NU-BOP.POOH</li> <li>SET CIBP @ 3227'. DUMP BAIL 33</li> </ol>		
3. LOAD CSG W/ PKR FLUID. TEST		
4. NOTIFY OCD 24 HRS BEFORE TE		
<ol> <li>MEET OCD REP. GEORGE BOWER. PRESSURE UP ON CSG TO 600#.</li> <li>RECORD TEST ON CHART. ENDING PRESS. 595#. SEE CHART.</li> </ol>		
7. REQUEST TA STATUS FOR WELL.		
Spud Date:	Rig Release Date:	
		1
I hereby certify that the information above is t	rue and complete to the best of my kn	powledge and helief
Thereby certify that the information above is t	rue and complete to the best of my kin	lowiedge and benef.
1 1 9 4		
SIGNATURE (al Sik	TITLESR. PUMPER	DATE8/16/2016
Type or print nameJOEL SISK E-mail address: _joel.sisk@apacheccorp.com_ PHONE:575-441-0793		
For State Use Only AO		
Y alus MK		
APPROVED BY:	own TITLE Dist Sug	ORILIAN, GITINNI

Conditions of Approval (if any): U



