Submit 1 Copy To Appropriate District Office	State of New Mexico Fo	
District I – (575) 393-6161	Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-025-05790
811 S. First St., Artesia, NM 88210 V 3 0 2016 OIL CC	ONSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178 12000 Rio Brazos Rd. Aztec. NM 87410	20 South St. Francis Dr.	STATE FEE
District IV – (505) 476-3460 <b>RECEIVED</b> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REF	PORTS ON WELLS	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
1. Type of Well: Oil Well 🗸 Gas Well 🗌	Other	8. Well Number <sub>016</sub>
Name of Operator     Apache Corporation		9. OGRID Number 873
3. Address of Operator		10. Pool name or Wildcat
303 Veterans Airpark Lane, Suite 1000 Midland, T.	X 79705	Eunice Monument; Grayburg-SA (23000)
4. Well Location Unit Letter P : 660 feet	from the South line and 66	0 feet from the East line
	wnship 19S Range 37E	NMPM County Lea
	(Show whether DR, RKB, RT, GR, etc.	*
(基件) (基本) (基本)		
12. Check Appropriate B	Box to Indicate Nature of Notice,	, Report or Other Data
NOTICE OF INTENTION T	O.   SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND A	the state of the s	
TEMPORARILY ABANDON CHANGE PL		RILLING OPNS. P AND A
PULL OR ALTER CASING   MULTIPLE C	OMPL CASING/CEMEN	IT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM	C OTUED Asiding	
OTHER:	OTHER: Acidize	
of starting any proposed work). SEE RUL proposed completion or recompletion.		nd give pertinent dates, including estimated date ompletions: Attach wellbore diagram of
Apache has performed the following work.		
11/15/2016 MIRU Lucky TOH w/ Rods & Pump. TOH	w/tbg. TIH w/Sonic Hammer & tbg. Pre	p to Acidize.
11/16/2016 MIRU CUDD Acidize GB OH 3739-3884 v	w/ 2000 gals 15% HCL GB Blend. RDM	IO CUDD. TIH w/ prod equip. POP.
Control	Die Beleese Deter	
Spud Date:	Rig Release Date:	
L. A.		
I hereby certify that the information above is true an	d complete to the best of my knowled	ge and belief
Thereby certify that the information above is true an	as complete to the best of my knowledge	so and some.
SIGNATURE Jeabel Husson	TITLE Regulatory Analyst	DATE 11/23/2016
Type or print name Isabel Hudson	E-mail address: lsabel.hudson@a	pachecorp.com PHONE: (432) 818-1142
For State Use Only	E-man address.	FIIONE. (102) 010 1142
To State Ost Only	Petroleum B	ngineer
APPROVED BY:	TITLE	DATE //20/16
Conditions of Approval (if any):		