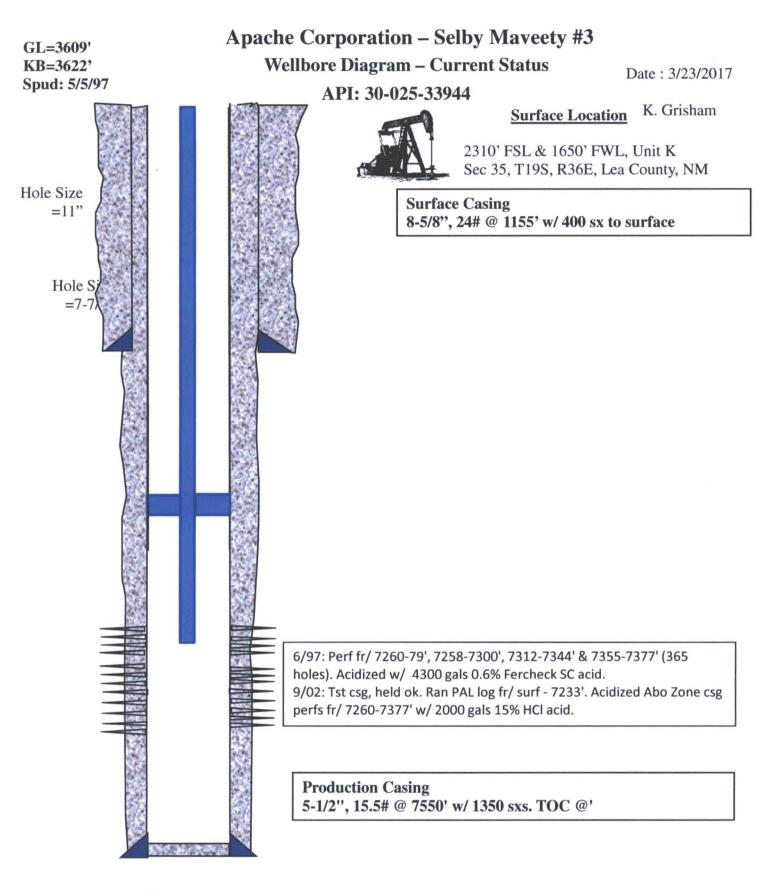
Submit 1 Copy To Appropriate District Office	State of New Me			Form C-103
District I	Energy, Minerals and Natural Resources			October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II	1625 N. French Dr., Hobbs, NM 88240 District II 1020 N. French Dr., Hobbs, NM 88240 District II 1020 N. French Dr., Hobbs, NM 88240 OIL CONSERVATION DIVISION		WELL API NO. 30-025-33944	
		DIVISION	5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 874 MAR 2 4 2017 1220 South St. Francis Dr. Santa Fe, NM 87505		ncis Dr.		EE 🛛 🗸
District IV Santa Fe, NM 874 MAR 2 2 2017		7505	6. State Oil & Gas Lease N	
1220 C St Empire Dr. Conto Eo NIM				
87505				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agr	eement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Salby Mayaatu	1
PROPOSALS.)			Selby Maveety 8. Well Number 3	
				1
2. Name of Operator	/		9. OGRID Number 873	
Apache Corp.				· · · · · · · · · · · · · · · · · · ·
3. Address of Operator	Address of Operator box Drawer D Monument NM 88265		10. Pool name or Wildcat Monument Abo	
	5		Monument Abo	
4. Well Location				
Unit LetterK:231	0feet from theS	line and	_1650feet from the	Wline
Section 35	Township 19S	Range 36E	NMPM Lea	County
11.	Elevation (Show whether DR,	RKB, RT, GR, etc.)		
360	9' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
			SEQUENT REPORT (	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI				
	LTIPLE COMPL	CASING/CEMENT	ГЈОВ 🗌	
OTHER:		OTHER:		
13. Describe proposed or completed	operations. (Clearly state all j		l give pertinent dates, includi	ng estimated date
of starting any proposed work).		C. For Multiple Con	npletions: Attach wellbore di	agram of
proposed completion or recomple	etion.			
DEDEC 20/0 2022				
PERFS: 7260-7377				
1. MIRU. POOH & LD RODS/TBO	1			
<ol> <li>SET CIBP @ 7200' DUMP BAIL 35' CMT ON TOP.</li> </ol>				
3. LOAD CSG W/ PKR FLUID		Condition	of Approval motify	
4. TEST CSG TO 550# FOR 30 MI	NUTES.		of Approval: notify	
5. NOTIFY OCD 24 HRS BEFORE TA TESTING. OCD Hobbs office 24 hours				
prior of running MIT Test & Chart				
		Prior or runni	ing will lest & Chart	
	ye.		1. 1. 1. 1.	
Spud Date: Rig Release Date:				
I hereby certify that the information above	is true and complete to the be	est of my knowledge	e and belief.	
A-1 lik				
SIGNATURE // M. Such TITLE SR. PUMPER DATE				
Type or print nameJOEL SISK E-mail address:joel.sisk@apacheccorp.com_ PHONE:575-441-0793 For State Use Only / / / / / / / / / / / / / / / / / / /				
ror state use cally 1 1 1 1 1 1 1 2 1				
APPROVED BY: AUTOLOUN TITLE HO/H DATE 3/27/2017				
Conditions of Approval (if any):				
•		/	/	1



**PBTD = 7459'** TD =7550'