Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II	N	WELL API NO. 30-025-05796
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr. Santa Fe. NM	1220 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, INIVI 87505	6. State Oil & Gas Lease No.
	AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	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 Blk. 16 8. Well Number 12
1. Type of Well: Oil Well Gas Well Other Injection well.		1
2. Name of Operator Apache Corp.		9. OGRID Number 873
3. Address of Operator		10. Pool name or Wildcat
P O box Drawer D Monument NM 882	65	North Monument G/SA
4. Well Location		
Unit LetterL:1980feet from theS line and660feet from the		
Wline	Translin 100 Dance 27E	NIMDM Las Country
Section 32	Township 19S Range 37E L. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM Lea County
11. Elevator (brow mener DR, Rhb, R1, OR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
	HANGE PLANS	LLING OPNS. P AND A
		ГЈОВ
OTHER:		5 year pressure test
13. Describe proposed or completed operations. (Clearly state all pertinent details, 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.		
Moved in Maclaskey pump truck to perform pressure test on casing. Pressured the casing to 540 psi & recorded the test on a chart for 33		
minutes with no loss to 540 psi.		
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
(1)		
SIGNATURE		
Ŧ		
Type or print nameJim EllisonE-mail address: _JD.Ellison@apacheccorp.com_ PHONE:575-441-7734		
For State Use Only		
APPROVED BY Com TITLE ON ince Utteer DATE 5/5717		
Conditions of Annoval (of any)	•	

Conditions of Approval (if any):

