Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	nergy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-025-09165
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		A0-2614
	ND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPŌSALS TO DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.)		South Eunice 7-Rivers Queen Unit (306622)
1. Type of Well: Oil Well Gas W	ell Other Injection	8. Well Number 408
2. Name of Operator Apache Corporation	/	9. OGRID Number 873
3. Address of Operator		10. Pool name or Wildcat
303 Veterans Airpark Lane, Suite 1000 Mic	dland, TX 79705	Eunice; Seven Rivers-Queen, South (24130)
4. Well Location	South	Fact
Ollit Letter	feet from the South line and 990	
Section 35	Township 22S Range 36E	NMPM County Lea
11.E	levation (Show whether DR, RKB, RT, GR, etc. 3479' GL	
	3477 GE	
12. Check Approp	oriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENT	ION TO:   SUF	SEQUENT REPORT OF:
	S AND ABANDON REMEDIAL WOR	
_	NGE PLANS COMMENCE DR	
	TIPLE COMPL CASING/CEMEN	T JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM  OTHER:	OTHER: ANNUA	AL TESTING 7
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 recompleti	on.	
Apache performed the required annual testing	for this well 6/1/2017: chart attached	
Apache periormed the required annual testing	Tor this well of 1/2017, chart attached.	
Spud Date: 1/14/1958	Rig Release Date: 1/23/1958	
I have by costify that the information above i	s true and complete to the best of my knowledge	so and haliaf
Thereby certify that the information above is	s true and complete to the best of my knowledg	ge and benef.
$\int \int $		
SIGNATURE KILLSO JISH	TITLE Sr. Staff Reg Analyst	DATE 7/5/2017
Beesa Fisher		
Type or print name Reesa Fisher	E-mail address: Reesa.Fisher@ap	
For State Use Only		
For State Use Only		achecorp.com PHONE: (432) 818-1062

