| Submit 1 Copy To Appropriate District  |  | •  |                              | E C 102                            |
|--|--|--|------------------------------|------------------------------------|
| Office   | 575) 393-6161<br>Energy, Minerals and Natural Resources<br>(575) 748-1283<br>St., Artesia, NM 88210<br>OIL CONSERVATION DIVISION |  | P                            | Form C-103<br>evised July 18, 2013 |
| <u>District I</u> – (575) 393-6161<br>1625 N. French Dr., Hobbs, NM 88240                                      |  |  | WELL API NO.<br>30-025-10764 |                                    |
| <u>District II</u> – (575) 748-1283<br>811 S. First St., Artesia, NM 88210                                     |  |  | 5. Indicate Type of Lease    | P                                  |
| <u>District III</u> – (505) 334-6178   | 1220 South St. Francis Dr.   |  | STATE                        | FEE                                |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV – (505) 476-3460   | Santa Fe, NM 87505   |  | 6. State Oil & Gas Lease     | No.                                |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   | OBB- 2017  |  | B0-0158-0019                 |                                    |
| · SUNDRY NOT   | FICES AND REPORTS ON WELLS   | PACK TO A  | 🔨 Lease Name or Unit A       | greement Name                      |
| DIFFERENT RESERVOIR. USE "APPL<br>PROPOSALS.)  | OSALS TO DRILL OR TO DEEPEN OR PLUG<br>ICATION FOR PERMIT" (FORM C-101) FOR  | SUCH   | New Mexico BZ State NC       | T-8 [16833] /                      |
| 1. Type of Well: Oil Well Gas Well Other Injection   |  | 8. Well Number 006                                 |                              |                                    |
| 2. Name of Operator<br>Apache Corporation  | /  |  | 9. OGRID Number<br>873       |                                    |
| 3. Address of Operator   |  | 10. Pool name or Wildcat                           |                              |                                    |
| 303 Veterans Airpark Lane, Suite 1000 Midland, TX 79705  |  |  | Langlie Mattix;7 Rivers-Q-   | GB (37240)                         |
| 4. Well Location   | . 660 feet from the North  | 1. 1980  | ) cicul F                    | ast                                |
| ente Better  |  | line and1980                                       |                              |                                    |
| Section 16   | Township 23S Rang  | ge 37E<br>KB RT GR etc.)                           | NMPM Count                   | ty Lea                             |
|  | 3320' GL   | ( <i>nD</i> , <i>n</i> , <i>on</i> , <i>enc.</i> ) |                              |                                    |
|  |  |  |                              |                                    |
| 12. Check  | Appropriate Box to Indicate Nat  | ure of Notice, I                                   | Report or Other Data         |                                    |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |  |  |                              |                                    |
| PERFORM REMEDIAL WORK D PLUG AND ABANDON REMEDIAL WORK   |  |  | ALTER                        |                                    |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A  |  |  |                              | A 🗌                                |
| PULL OR ALTER CASING   |  | CASING/CEMENT                                      | JOB 🗌                        |                                    |
|  |  |  |                              |                                    |
| CLOSED-LOOP SYSTEM   | ,  | OTHER: ANNUAL                                      | TESTING                      |                                    |
|  | pleted operations. (Clearly state all per  |  |                              | ding 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.   |  |  |                              |                                    |
| Apache performed the required annual testing for this well 6/7/2017; chart attached.                           |  |  |                              |                                    |
| Apache performed the required anno   | a testing for this wer of 12017, chart a   | taonea.  |                              |                                    |
|  |  |  |                              |                                    |
|  |  |  |                              |                                    |
|  |  |  |                              |                                    |
|  |  |  |                              |                                    |
|  |  |  |                              |                                    |
|  |  |  |                              |                                    |
|  |  |  |                              |                                    |
|  |  |  |                              |                                    |
| Spud Date: 3/29/1959   | Rig Release Date   | : 4/7/1959   |                              |                                    |
|  |  |  |                              |                                    |
|  |  | 0 1 1 1  |                              |                                    |
| I hereby certify that the information  | n above is true and complete to the best   | t of my knowledge                                  | and belief.                  |                                    |
| 0 1  | 1  |  |                              |                                    |
| SIGNATURE Klesa  | TITLE Sr. Staff  | Reg Analyst  | DATE 7/6                     | /2017                              |
| Type or print name Reesa Fisher  | E-mail address:  | Reesa.Fisher@apac                                  | checorp.com PHONE:           | (432) 818-1062                     |
| For State Use Only   | ~  | 1  | M                            |                                    |
| APPROVED BY:   | Dave TITLE OM  | iance Oti  | irm DATE                     | 1/14/17                            |
| Conditions of Approval (if any):   |  |  |                              |                                    |
|  |  |  |                              |                                    |
|  |  |  |                              |                                    |

