Submit ¹ Copy To Appropriate District State of New Mexico	Form C-103			
Office District I – (575) 393-6161 Energy, Minerals and Natural Res	Revised July 18, 2013 WELL API NO.			
District II – (575) 748-1283 ULS Eirst St. Action NM 88210 OIL CONSERVATION DIVI	30-025-33551			
District III – (505) 334-6178 1220 South St. Francis D	5. Indicate Type of Lease T. STATE STATE FEE			
$\frac{1000 \text{ Rio Brazos Rd., Aztec, NM 87410}}{\frac{\text{District IV}}{1200 \text{ Gamma Fe}} - \frac{(505) 476-3460}{5}}$	6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM 87505	302375			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BAC				
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	0 W-UN-			
1. Type of Well: Oil Well Gas Well Other 2. Name of Operator	8. Well Number 10 9. OGRID Number 200			
APACHE CORPORATION	873			
 Address of Operator 303 VETERANS AIRPARK LN., MIDLAND TX 7970 	10. Pool name or Wildcat			
4. Well Location	J5 MONUMENT; ABO (46970)			
D NODTH	ine and <u>660</u> feet from the <u>WEST</u> line			
Section 35 Township 19S Range 11. Elevation (Show whether DR, RKB, J	36E NMPM County LEA			
II. Elevation (Snow whether DR, KKB,	K1, GK, etc.)			
12. Check Appropriate Box to Indicate Nature	of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
	EDIAL WORK ALTERING CASING MENCE DRILLING OPNS. P AND A			
	NG/CEMENT JOB			
DOWNHOLE COMMINGLE				
OTHER: OTHE 13. Describe proposed or completed operations. (Clearly state all pertiner				
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
proposed completion or recompletion.				
APACHE CORPORATION WISHES TO TEMPORARILY ABANDON THIS WELL.				
PROCEDURE:				
DAY 1: MIRU SU. POOH W/RODS (IF APPLICABLE) LAYING DOWN. POOH W/TUBING. RU WL. RIH				
AND SET CIBP @ 7040' VIA WIRELINE. RIH AND DUMP BAIL 35' OF CEMENT ON TOP OF CIBP. POOH. RIH W/TUBING (TESTING IN).				
DAY 2: TEST CASING. CIRCULATE INHIBITED FLUID IN WELLBORE. POOH W/TUBING. PERFORMING MIT.				
NOTE: PLEASE CONTACT NMOCD 24 HOURS PRIOR TO	PERFORMING MIT TEST.			
	Condition of Approval: notify			
Spud Date: Rig Release Date:	OCD Hobb: office 24 hours			
prior of running MIT Test & Chart				
I hereby certify that the information above is true and complete to the best of m	y knowledge and belief.			
SIGNATURE Sandra Belt TITLE REGULAT	ORY ANALYST DATE 10/12/2017			
Type or print name SANDRA BELT E-mail address: sandra.belt@apachecorp.com PHONE:432-818-1962				
For State Use Only Maker Brown Anton Intu 2017				
APPROVED BY: Maley Dlow TITLE A0/II DATE 10/16/2017 Conditions of Approval (if any)				

APPROVED BY:	YV	10	01	0
AFFROVED DI.		uny	un	
Conditions of Appr	oval (if	any).	1	1

NO PROD REPORTED - 12 MONTHS



