Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	CONCERNATION DIVISION	WELL API NO. 30-025-06491
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 D: D D1 1 . 371 (07110		STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505  AND REPORTS ON WELLS	6. State Oil & Gas Lease No. B0-9745-0004
87505	AND PROOPER ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DIVEL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION OR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		Northeast Drinkard Unit (NEDU) / 22503
	Well Other Injection	8. Well Number 214
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	Midland, TX 79705	Eunice, B-T-D, North (22900)
4. Well Location  Unit Letter M: 3300 feet from the South line and 660 feet from the West line		
Section 02 Township 21S Range 37E NMPM County Lea		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
	3480' GL	
12. Check App	ropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING M	ULTIPLE COMPL CASING/CEMEN	_
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM  OTHER:	OTHER: UIC	TESTING [7]
	d operations. (Clearly state all pertinent details, an	
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, witnessed MIT on this well 3/13/2018; passing chart is attached.		
Spud Date: 5/3/1949	Rig Release Date: 6/17/1949	
0/0/1040		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
0 1.1		
SIGNATURE Keesa Fisher	TITLE Sr. Staff Reg Analyst	DATE 3/23/2018
Type or print name Reesa Fisher	E-mail address: Reesa.Fisher@ap.	achecorp.com PHONE: (432) 818-1062
For State Use Only		
APPROVED BY: Stores ow	TITLE prolimee Africa	DATE 3/27/17
Conditions of Approval (if any):		3727110

