| Submit 1 Copy To Appropriate District Office   | State of New Me   | exico                 |                                  | Form C-103             |
|--|---|-----------------------|----------------------------------|------------------------|
| <u>District I</u> – (575) 393-6161   | Energy, Minerals and Natu   | ral Resources         | WELL ABOUT                       | Revised August 1, 2011 |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II – (575) 748-1283  |   |                       | WELL API NO.<br>30-025-24972     |                        |
| 811 S. First St., Artesia, NM 88210  | OIL CONSERVATION DIVISION   |                       | 5. Indicate Type of Lease        |                        |
| <u>District III</u> – (505) 334-6178<br>1000 Rio Brazos Rd., Aztec, NM 87410   | 1220 South St. Francis Dr.  |                       | STATE FEE                        |                        |
| <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505  | Santa Fe, NM 8  | BBS OCD               | 6. State Oil & 0                 | Gas Lease No.          |
| SUNDRY NOTICES AND REPORTS ON WELDER 16 2018   |   |                       | 7. Lease Name                    | or Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  |   |                       | Grizzell (23107)                 |                        |
| 1. Type of Well: Oil Well Gas Well Other   |   |                       | 8. Well Number 11                |                        |
| Name of Operator     Apache Corporation  |   |                       | 9. OGRID Nun<br>873              | nber                   |
| 3. Address of Operator   |   |                       | 10. Pool name or Wildcat         |                        |
| 303 Veterans Airpark Lane, Ste. 3000, Midland, TX 79705  |   |                       | Penrose Skelly; Grayburg (50350) |                        |
| 4. Well Location Unit Letter P :   | 1300 feet from the S  | line and              | 1139 feet fi                     | rom the E line         |
| G .:   | rect from the   |                       | NMPM                             | County Lea             |
| Section 8 Township 22\$ Range 37E NMPM County Lea  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |   |                       |                                  |                        |
| 3407' GL   |   |                       |                                  |                        |
| 12. Check A  | Appropriate Box to Indicate N   | ature of Notice, I    | Report or Othe                   | er Data                |
| NOTICE OF INTERIOR SUBSEQUENT REPORT OF:   |   |                       |                                  |                        |
| PERFORM REMEDIAL WORK  REMEDIAL WORI   |   |                       |                                  |                        |
| TEMPORARILY ABANDON INT TO PA COMMENCE DRI   |   |                       |                                  | P AND A                |
| PULL OR ALTER CASING P&A NR CASING/CEMENT  |   |                       | JOB $\square$                    |                        |
| DOWNHOLE COMMINGLE   | P&A R   |                       |                                  |                        |
| OTHER:   |   | OTHER:                |                                  |                        |
|  | leted operations. (Clearly state all pork). SEE RULE 19.15.7.14 NMAC ompletion. |                       |                                  |                        |
|  |   |                       |                                  |                        |
| 1. 03/28/18 Notified Mark w/OCD on P&A intent.   |   |                       |                                  |                        |
| 2. 03/29/18 MIRU P&A equip.  |   |                       |                                  |                        |
| <ol> <li>03/30/18 Set CIBP @ 3550', pressure test 500 psi, mix/spot 140 x class "c" cmt from 3550'-2210'.</li> <li>04/02/18 Tag TOC @ 2102', mix/circ 46 bbls MLF from 2102'-surf, perf @ 1270', pressured up, mix/spot 25 x class "c" cmt from</li> </ol> |   |                       |                                  |                        |
| 1320'-1070', tag TOC @ 1033', mix/spot 40 x class "c" cmt from 250'-surf. RD all P&A equip, cut anchors, well@head   |   |                       |                                  |                        |
| and cleaned location. Install dry hole marker. P&A completed.  |   |                       |                                  |                        |
|  |   |                       |                                  |                        |
|  |   |                       |                                  |                        |
| Approved for Plugging of wellbore only. Liability  |   |                       |                                  |                        |
| under bond is retained pending restoration and   |   |                       |                                  |                        |
|  | ic for Subsequent   |                       |                                  |                        |
| Spud Date: Report of Well Plugging, which  |   |                       |                                  | on                     |
| the OCD web page under forms.  Restoration Due By 64-02-2019   |   |                       |                                  |                        |
|  | Te storation b  | de by Orton           |                                  |                        |
| I hereby certify that the information  | above is true and complete to the bo  | est of my knowledge   | and belief.                      |                        |
|  |   |                       |                                  |                        |
| SIGNATURE //   | TITLE   | Agent                 |                                  | DATE 04/02/18          |
| Type or print name Jimmy Bagley  | F-mail address  | : sunsetwellservice@y | ahoo.com n                       | PHONE: 432-561-8600    |
| For State Use Only   | L-man address   |                       | I                                | 110111.                |
|  | VILL DO   | : (                   |                                  | nalia lang             |
| APPROVED BY:   | Mitale TITLE P.E  | -, 3.                 | D                                | DATE 04/11/2010        |
| Conditions of Approval (if any):   |   |                       | 1 Manne                          | · Man                  |
| HUTONIZED BY XXIII   | IN MUNICIAN DR. KITCLAN   | 4 TOON FORSINGI       | U, MPHUNG                        | WKP.                   |