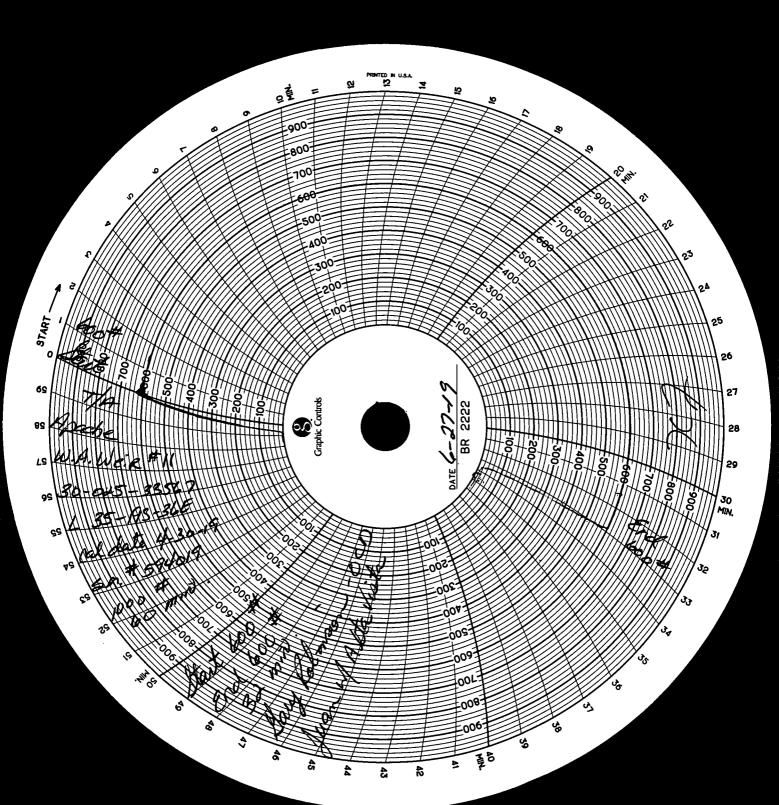
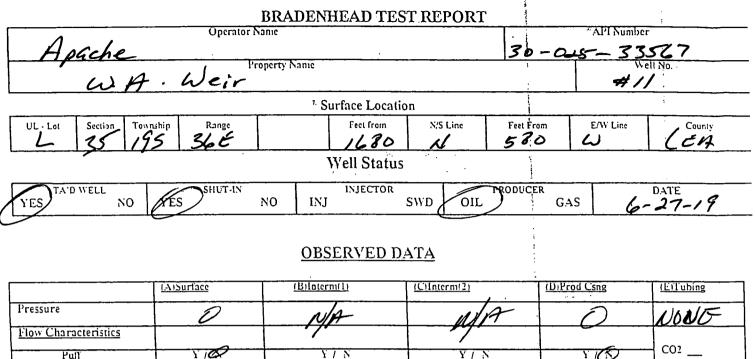
Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-33567
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 8741	Santa Fe, NM 87505	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Ferrari 87505	9	6. State Oil & Gas Lease No.
SUNSRY NOST	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	ALSIN DRILL OR TO DEEPEN OR PLUG BACK TO A	
PROPOSALS.)	TOR TOR TERMIN (TORM C-101) FOR SUCH	W A Weir
1. Type of Well: Oil Well	Gas Well	8. Well Number 11
2. Name of Operator		9. OGRID Number
Apache Corp.		813
3. Address of Operator		10. Pool name or Wildcat
P O box Drawer D Monument NM 8	38265	Tubb/Drinkard
4. Well Location		
Unit LetterL:		
Section 35	Township 19S Range 36	
	11. Elevation (Show whether DR, RKB, RT, GR, etc.)
12. Check A	ppropriate Box to Indicate Nature of Notice,	Report or Other Data $\int \mathbf{P} \cdot \mathbf{P}$
NOTICE OF INT		SEQUENT REPORT OF:
		— —
	= 1	
	MULTIPLE COMPL	I JOB
OTHER:		est 🗖 🗖 📥
13. Describe proposed or comple	eted operations. (Clearly state all pertinent details, an	
	k). SEE RULE 19.15.7.14 NMAC. For Multiple Co	mpletions: Attach wellbore diagram of
proposed completion or reco	mpletion.	
Perfs 6549 – 6674 CIBP @ 6500'		
	son on location. Meter cal. Date 4-30-19	
2. RU Alta Vista truck/Juan An		
	to 600# for 32 minutes, ending pressure 600#.	
4. Record test on chart recorder	2	
5. Release casing pressure. RD	Alta Vista.	
6. Request TA extension.		ATATUA EXTENSION
		STATUS-EXTENSION
	Approval of TA EXF	
r	Well needs to be P	LUGGED OR RETURNED
Spud Date:	Rig R to PRODUCTION	212
		ITED ABOVE: <u>77</u>
	BT THE DATE OF	
I hereby certify that the information a		
I hereby certify that the information a	bove is true and complete to the best of my knowledg	r T
	bove is true and complete to the best of my knowledg	ge and belief.
	bove is true and complete to the best of my knowledg	ge and belief.
signature Mario	bove is true and complete to the best of my knowledg	ge and belief. DATE6/28/2019
SIGNATURE <u>Mario</u> Type or print name <u>Mario</u> Tarange	bove is true and complete to the best of my knowledge Composition of the best of the best of my knowledge Composition of the best of the b	ge and belief. DATE6/28/2019 corp.com_ PHONE: _575-631-9147
SIGNATURE <u>Mario</u> Type or print name <u>Mario</u> Tarange	bove is true and complete to the best of my knowledge Composition of the best of the best of my knowledge Composition of the best of the b	ge and belief. DATE6/28/2019 corp.com_ PHONE: _575-631-9147
SIGNATURE <u>Mario</u> Type or print name <u>Mario</u> Tarange	bove is true and complete to the best of my knowledge Composition of the best of the best of my knowledge Composition of the best of the b	ge and belief. DATE6/28/2019 corp.com_ PHONE: _575-631-9147
SIGNATURE <u>Mario</u> Type or print name <u>Mario</u> Tarange	bove is true and complete to the best of my knowledg	ge and belief. DATE6/28/2019 corp.com_ PHONE: _575-631-9147



<u>District 1</u> 1625 N. French Dr., Hobbs, MM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720

State of New Mexico Energy, Minerals and Natural Resources Department Oil Conservation Division Hobbs District Office



Pull	Y ICA	Y / N	Y / N	Y IC	-1 CO ² $$
Steady Flow	Y G	Y/N	Y/N	YIO	WTR
Surges	YIO	Y / N	Y / N	Y IQ	GAS Type of Fluid
Down to nothing	O N	YT N	YIN	ØIN	Injected for
Gas or Oil	10	YIN	YIN	YО	WaterGred II applies
Water		YIN	Y / N	YA	

Remarks - Please state for each string (A.B.C.D.E) pertinent information regarding bleed down or continuous build up if applies. I lowline needs to be disconnected from willhead.

Signature:		OIL CONSERVATION DIVISION		
Printed name:		Entered into RBDMS		
Title:		Re-test		
E-mail Address:				
Date:	Phone:			
	Witness: Dury form			

INSTRUCTIONS ON BACK OF THIS FORM