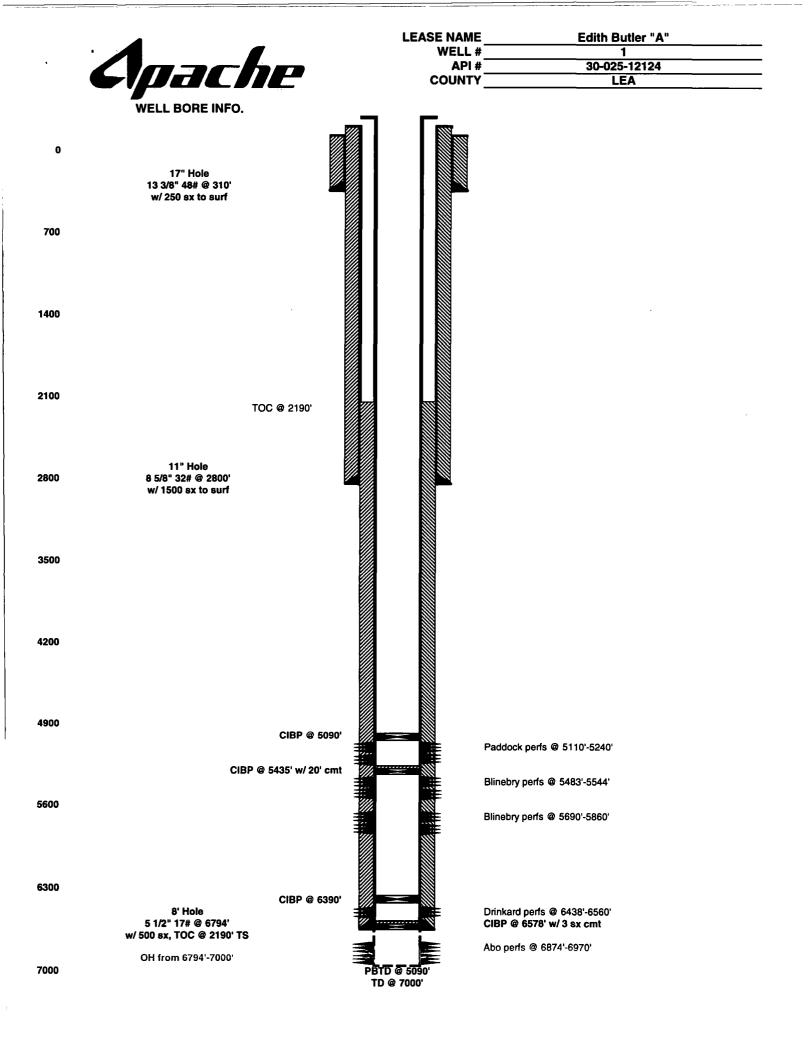
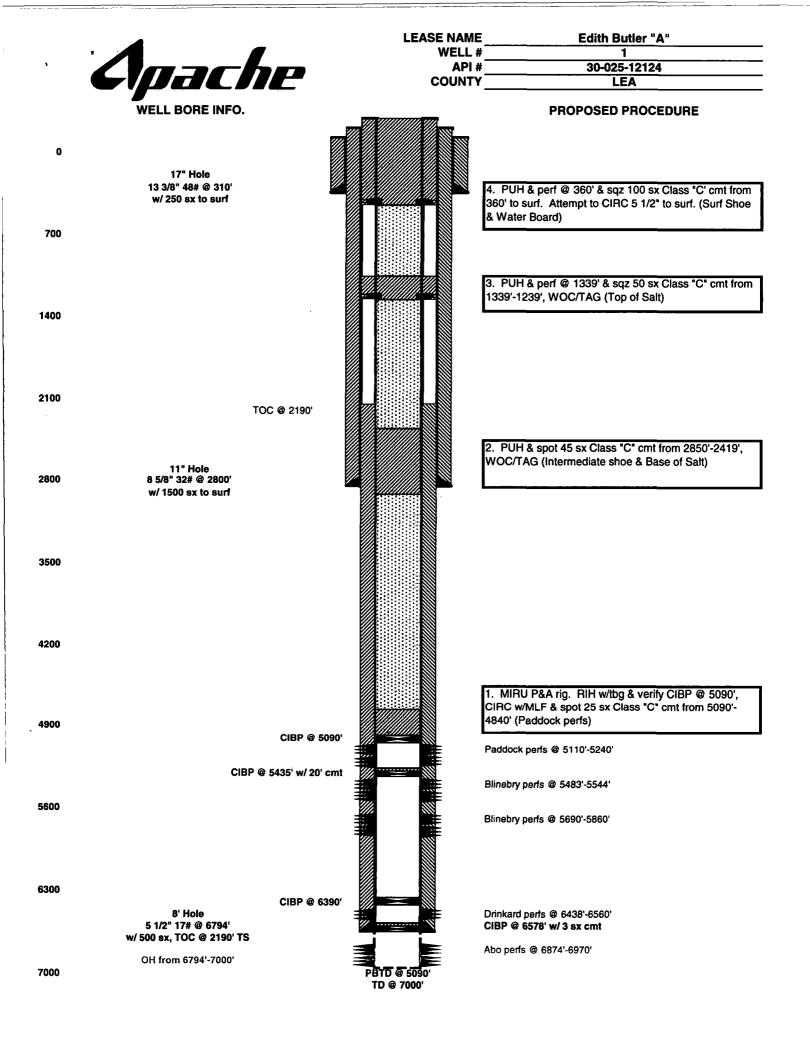
| Submit 1 Copy To Appropriate Dist  | rict Office    |                               | 0/ / CN        |             | :                            |                                 | :· ·   |               |                        |
|--|----------------|-------------------------------|----------------|-------------|------------------------------|---------------------------------|--|---------------|------------------------|
| V<br>District I - (575) 393-6161   |                | Energy                        | State of N     |             | -                            |                                 |  |               | m C-103<br>aly 18,2013 |
| 1625 N. French Dr., Hobbs, NM 882  | 240            | Energy,                       | Minerals an    | ia Natural  | _                            | WELL A                          |  |               | iiy 10,2015            |
| District II - (575) 748-1283<br>811 S. First St., Artesia, NM 88210                |                | OIL C                         | ONSERVA        | TIONE       | SS FORD                      | 5 Indicate                      | <b>30-025</b><br>e Type of Lea               | <u>-12124</u> |                        |
| Disrtict III - (505) 334-6178  |                | 1                             | 220 South S    | HUD.        |                              | 5. maicad                       | _  |               |                        |
| 1000 Rio Brazos Rd. Aztec, NM 874  | 410            | -                             |                |             | <u>1</u> <sup>•</sup> 2 2019 |                                 |  | FER           | Ξ 🔽                    |
| <u>District IV - (</u> 505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NI      | M 87505        |                               | Santa Fe,      | NM 89505    |                              |                                 | il & Gas Lea                                 | se No.        |                        |
|  |                | ES AND REPOR                  | RTS ON WEI     | LS RE       | CEIVED                       | 7. Lease N                      | Name or Unit                                 | Agreement     | Name                   |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A DIFFERENT |                |                               |                |             |                              | Edith Butler A                  |  |               |                        |
| RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)          |                |                               |                |             |                              | 8. Well Number                  |  |               |                        |
| 1. Type of Well: Oil Well 🔽 Gas Well 🗌 Other                                       |                |                               |                |             |                              | 1                               |  |               |                        |
| 2. Name of Operator  |                |                               |                |             |                              | 9. OGRID Numer<br>873           |  |               |                        |
| Apache Corporation 3. Address of Operator  |                |                               |                |             |                              | 10. Pool Name or Wildcat        |  |               |                        |
| 303 Veterans Airpark Lane, Ste. 3000, Midland, TX 79705                            |                |                               |                |             |                              | Bline O&G (6660)/Paddock(49210) |  |               |                        |
| 4. Well Location   |                |                               |                |             |                              | · · · · ·                       |  |               |                        |
| Unit Letter  | L              | : 1980                        | feet from the  |             | line and                     | 660                             | feet from t                                  |               | ine                    |
| Section  | 18             | Township<br>11. Elevation (Sh | 22S            | Range       | 38E                          | NMPM                            | <u>г                                    </u> | County        | LEA                    |
|  | 1              |                               |                | 336' GL     | , ON, EIC. )                 |                                 |  |               |                        |
| · · · · · · · · · · · · · · · · · · ·  | 12. Check      | Appropriate Bo                | ox To Indica   | te Nature o | of Notice. Re                | nort, or O                      | ther Data                                    |               |                        |
|  | OF INTEN       |                               | q. p           |             |                              | •                               |  | OF.           |                        |
| PERFORM REMEDIAL WOR   |                |                               |                | REMEDIA     |                              |                                 |  | G CASING      |                        |
| TEMPORARILY ABANDON  |                | CHANGE PLANS                  |                |             | CE DRILLING                  | OPNS.                           | ] PANDA                                      | u ontonta     |                        |
| PULL OR ALTER CASING   |                | MULTIPLE COM                  | PL 🗌           | CASING/C    | EMENT JOB                    | <u> </u>                        | ]  |               |                        |
| DOWNHOLE COMMINGLE   | 님              |                               |                |             |                              |                                 |  |               |                        |
| CLOSED-LOOP SYSTEM<br>OTHER:   | Ļ              |                               | П              | OTHER:      |                              |                                 |  |               |                        |
| 13. Describe proposed or   | completed      | operations. (C                | learly state a |             | t details, and               | l give pert                     | inent dates,                                 | including e   | stimated               |
| date of starting any propos  | -              | -                             | •              | -           |                              |                                 |  | -             |                        |
| proposed completion or recompletion.   |                |                               |                |             |                              |                                 |  |               |                        |
|  |                |                               |                |             |                              |                                 |  |               |                        |
|  |                |                               |                |             |                              |                                 |  |               |                        |
|  |                |                               |                |             |                              |                                 |  |               |                        |
| Apache Corporation pro   | oposes to      | P&A the above                 | e mentioned    | i well by t | he attached                  | procedur                        | e. A closed                                  | d loop syst   | em will                |
|  | -              | om this wellbo                |                | -           |                              |                                 | •  |               |                        |
|  |                |                               | -              |             |                              |                                 |  |               |                        |
|  |                |                               |                |             |                              | :                               |  | _             |                        |
|  |                |                               |                |             | ::                           | -                               | See Atta                                     | iched         |                        |
|  |                |                               |                |             |                              | Conc                            | litions p                                    | f Annro       | vol                    |
| Spud Date:   |                |                               |                | Rig Relea   | se Date:                     |                                 |  | , uhhin       | Vdi                    |
|  |                |                               |                |             |                              |                                 | •  |               |                        |
| I hereby certify that the inf  | formation a    | hove is true an               | d complete t   | o the best  | of my knowl                  | adge and b                      | aliaf  |               |                        |
| Thereby certify that the mi  |                |                               |                | o the best  |                              | cuge and t                      | Jener.                                       |               |                        |
| SIGNATURE  | Au             | n Binly                       | LTITLE         | Sr. Red     | lamation Fo                  | oreman                          | DATE   | 9/10/         | 19                     |
| -  | <u>x quent</u> |                               |                |             |                              |                                 |  |               |                        |
| Type or print name   | Guin           | n Burks                       | E-mail add.    | guinn.bu    | rks@apache                   | corp.com                        | PHONE:                                       | 432-556       | -9143                  |
| For State Use Only   | - •            |                               | -              |             | ٨                            |                                 |  |               |                        |
| APPROVED BY:   | KINA           | Jute                          | TITLE          | (.0.        | A                            |                                 | DATE   | 9-1.          | 8-19                   |
| Conditions of Approval (if an  | iy):           | /***                          | -              | <u> </u>    | <u> </u>                     |                                 |  |               | f                      |
|  | · · V          | . ** :                        |                |             |                              |                                 |  |               |                        |
|  |                |                               |                |             |                              |                                 |  |               |                        |
|  |                |                               |                |             |                              |                                 |  |               |                        |

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## **GENERAL CONDITIONS OF APPROVAL:**

- 1) Insure all bradenheads have been exposed, identified, and valves are operational prior to rigging up on well.
- 2) Contact the appropriate NMOCD District Office no later than 24 hours prior to moving in and rigging up.
- 3) A copy of the approved C103 intent to P&A should be distributed to the onsite company and plugging representatives. <u>Approved procedures are good for a period of one year from approved date, unless otherwise specified on the C103 intent</u>. Approvals past this date will require the submission and approval of a new C103 intent.
- 4) A company representative is required to be present to witness all operations including setting CIBP's, circulation of mud laden fluids, perforating, squeezing or spotting cement plugs, tags, or any other operations approved on the C103 intent to P&A. Company representative should contact the NMOCD and report all operations.
- 5) Any changes that may be required during plugging operations should be approved by the NMOCD before proceeding.
- 6) A closed loop system is to be used for all plugging operations. Contents of the steel pits to be hauled to a NMOCD permitted disposal facility.
- 7) Mud laden fluids must be placed between all cement plugs mixed at 25 sacks of salt gel per 100 barrels of brine.
- 8) All cement plugs will be 100' or 25 sacks cement, whichever is greater. Class
   'C' cement will be used above 7500' and Class 'H' below 7500'. Plugs should be no more than 3000' apart
- 9) Site remediation due within one year of well plugging completion.