Submit 1 Copy To Appropriate District	÷		· · · ·	Form C-103			
Office	State of New Mexico		Revised November 3, 201				
District I	Energy, Minerals and Natural Resources		WELL API NO.				
1625 N. French Dr.,Hobbs, NM 88240 District II		30-025-12467					
811 S. First St., Artesia, NM 88210	UIL CONSERV		5. Indicate Type of Le	ease			
Disrtict III	4000 0	HABBS	STATE 🗹 🛛 FEE 🗌				
1000 Rio Brazos Rd. Aztec, NM 87410 District IV	1220 South		6. State Oil & Gas Le				
1220 S. St. Francis Dr., Santa Fe, NM	Sania Fe	NM 875021 2020					
87505		- EN		626-0002			
SUNDRY NOTIC	7. Lease Name or U	7. Lease Name or Unit Agreement Name					
(DO NOT USE THIS FORM FOR PRO A DIFFERENT RESERVIOR. USE "AI	State "V"						
PROPOSALS.)	8. Well Number						
1. Type of Well: Oil Well 🗹 Gas V	3						
2. Name of Operator	9. OGRID Number						
Ар	873						
3. Address of Operator	10. Pool Name						
303 Veterans Airpark 4. Well Location	Lane, Ste. 3000, Midland,	18 /0/05	Eumont Ya	tes / 7 Rvrs Qn			
Unit Letter H	: 2310 feet from the	N line and	330 feet from th	e E line			
Section 36	Township <b>19S</b>	Range <b>36E</b>	NMPM	County Lea			
	11. Elevation (Show whether	DR, RKB,RT, GR, etc.)					
	3	593' GL					
12. Check Appropriate Box To Indi	icate Nature of Notice. Repo	ort, or Other Data	<b>***</b>				
		18.	• •				
NOTICE OF	INTENTION TO:	•	SUBSEQUENT RE				
		REMEDIAL WORK					
		COMMENCE DRILLING OF					
PULL OR ALTER CASING		CASING/CEMENT JOB					
OTHER:			ready for OCD inspection	on after P&A			
<ul> <li>✓ All pits have been remediated in com</li> <li>✓ Bat hole and cellar have been filled a</li> </ul>	-						
Rat hole and cellar have been filled a A steel marker at least 4" in diameter	-			•			
· · · · · · · · · · · · · · · · · · ·							
	EASE NAME, WELL NUMBER						
	ON, TOWNSHIP, AND RANGI		AS BEEN WELDED C	<u>)H</u>			
PERMANENTLY STAL	MPED ON THE MARKER'S SI		· · · · · · · · · · · · · · · · · · ·				
The location has been leveled as near	arly as possible to the original grou	nd contour and has been clea	ared of all junk, trash, flow	v lines and			
other production equipment.		fact halast means of the t		• .			
Anchors, dead men, tie downs and ri			mediated in compliance w	vith			
OCD rules and the terms of the Oper							
from the lease and well location.							
All metal bolts and other materials ha	ave been removed. Portable bases	have been removed. (Pour	ed onsite concrete bases	do not have			
to be removed.)	ve been addressed as per OCD rul	es.					
<ul> <li>All other environmental concretes have</li> <li>Pipelines and flow lines have been all</li> </ul>	-		uids have been removed t	from			
non-retrieved flow lines and pipelines							
Miken ell made bas bass semalated	ration this form to the annual	Diatriat office to eshert de 1	Increation				
When all work has been completed,	return this form to the appropriate	JISTRICT ONICE TO SCREAULE AN I					
1 -	Λ						
SIGNATURE Suram	Kulla TITLE	Sr. Reclamation Fo	oreman DATE	1/16/20			
<u></u>	· · · · · · · · · · · · · · · · · · ·						
	inn Burks E-MAIL	guinn.burks@apache	corp.com PHONE:	432-556-9143			
For State Use Only			A				
APPROVED BY: Ken	John TITLE			2-10-20			
Conditions of Approval (if any):				<u> </u>			
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Submit 1 Copy To Appropriate Distri	ict	:		· · · ·		F	Form C-103		
Office •	State of New Mexico			Revised November 3, 2011 WELL API NO.					
District 1 1625 N. French Dr.,Hobbs, NM 8824	Energy, Minerals and Natural Resources		s WELLA						
District II		OIL CONSERVATION DIVISION		E Indian	<b>30-025-12467</b> 5. Indicate Type of Lease				
811 S. First St., Artesia, NM 88210 Disrtict III				5. maica			- m		
1000 Rio Brazos Rd. Aztec, NM 874	10	1220 South St		6.01-1-					
District IV 1220 S. St. Francis Dr., Santa Fe, N	District IV Santa Fe, NM 87505				6. State Oil & Gas Lease No.				
87505					BO-1626				
SUNDRY NOTICES AND REPORTS ON WELLS					7. Lease Name or Unit Agreement Name				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH					State "V"				
PROPOSALS.)					8. Well Number				
1. Type of Well: Oil Well 🗹 Gas Well 🗌 Other					3				
2. Name of Operator Apache Corporation					9. OGRID Number 873				
3. Address of Operator	Apacite Ci		· · · · ·	10. Pool	10. Pool Name				
303 Veterans A	irpark Lane, S	Ste. 3000, Midland, T	X 70705		Eumont Yates / 7 Rvrs Qn				
4. Well Location		0010	<b>NI</b>	000		-			
	Н : 36 та	2310 feet from the wnship 19S F	N line and Range <b>36E</b>	330 NMPM	feet from the	E	line Lea		
		vation (Show whether D			1	Juny			
· · · · · · · · · · · · · · · · · · ·		35	93' GL				· · · ·		
12. Check Appropriate Box T	o Indicate Na	ture of Notice, Report	or Other Data						
			e di t		··· ·.				
		— •		-			<u>п</u> .		
PERFORM REMEDIAL WORK		= 1	REMEDIAL WORK	-	ALTERING CAS	SING			
PULL OR ALTER CASING			CASING/CEMENT JOE	2					
	·* ·				·				
OTHER:			✓ Location	is ready for C	CD inspection a	fter P&A			
All pits have been remediated	•				ure plan.		: .		
Rat hole and cellar have been A steel marker at least 4" in di					۰.				
· ·		-					· · · ·		
		ME, WELL NUMBER,				<u>on or</u>	· .		
		NSHIP, AND RANGE.		I HAS BEEN	WELDED OR				
			·			· ·	· :		
The location has been leveled other production equipment.	l as nearly as pos	sible to the original ground	contour and has been	cleared of all ju	unk, trash, flow line	es and			
Anchors, dead men, tie downs	s and risers have	been cut off at least two fe	et below ground level.	· ·					
If this is a one-well lease or la									
OCD rules and the terms of th from the lease and well location	• • •	ermit and closure plan. Al	tiow lines, production	equipment and	junk have been r	emoved	;		
All metal bolts and other mate		emoved. Portable bases h	ave been removed. (P	oured onsite co	oncrete bases do i	not have			
to be removed.)									
<ul> <li>All other environmental concre</li> <li>Pipelines and flow lines have l</li> </ul>				II fluids have b	een removed from	. :			
non-retrieved flow lines and pi									
When all work has been comp	leted return this	form to the appropriate Dis	trict office to schedulo	an inspection					
When all work has been comp		ionn to the appropriate Dis							
1	- 1	A	<b>_</b>						
SIGNATURE SHU	an Ku	TITLE _	Sr. Reclamation	Foreman	_DATE	1/1	6/20		
TYPE OR PRINT NAME	Guinn Burk	s E-MAIL	guinn.burks@apac	hecom com		422-54	56-9143		
For State Use Only						-02-00	0-0140		
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APPROVED BY:	<u>،</u>	TITLE -	· • • • • •		_DATE		· · ·		
Conditions of Approval (if any	·]•	· · · · · ·	: :	ч 		· · · · ·	. :		
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