Submit 1 Copy To Appropriate	District					Form C-103		
Office		State of New Mexico				ed November 3, 201		
District I, . Energy, Minerals an			nd Natural Resources	WELL AF	WELL API NO.			
1625 N. French Dr.,Hobbs, NM 88240 District II					30-025-40543			
District In 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION				5. Indicat	5. Indicate Type of Lease			
Disrtict III					STATE 🗹	FEE 🗆		
1000 Rio Brazos Rd. Aztec, N	M 87410		St. Francis Dr.					
District IV Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM				6. State C	6. State Oil & Gas Lease No.			
87505			· .		BO-0934-0)040		
SUNDRY NOTICES AND REPORTS ON WELLS					7. Lease Name or Unit Agreement Name			
(DO NOT USE THIS FORM					State PA			
A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)								
					8. Well Number 9			
1. Type of Well: Oil Well 🔄 Gas Well 🗋 Other					9. OGRID Number			
Apache Corporation					873			
3. Address of Operator						10. Pool Name		
	ns Airpark Lane,	Ste. 3000, Midland,	TX 70705	BII(666	Bli(6660)Tubb(60240)Dr(19190)Abo(62700)			
4. Well Location		4070	•					
Unit Letter	K :	1650 feet from the		1815	feet from the	W line		
Section		wnship 22S	Range 37E DR, RKB, RT, GR, etc.)	NMPM	Cour	nty Lea		
			426' GL					
	Dev Te liedente Ne	Auro of Notice Deer			•=	······		
12. Check Appropriate I	Sox To Indicate INa	ture of Notice, Hepc	rt, or Other Data					
N	OTICE OF INTEN	TION TO:		SUBSEC	QUENT REPOR	T OF:		
PERFORM REMEDIAL WOR	· · · · ·		REMEDIAL WORK		ALTERING CASIN	· · · ·		
TEMPORARILY ABANDON	CHANG	E PLANS	COMMENCE DRILLING	OPNS.	P AND A	I		
PULL OR ALTER CASING		LE COMPL	CASING/CEMENT JOB	· · · · [] .			
				•				
OTHER:	ан сайн сайн сайн сайн сайн сайн сайн са		Location is	ready for O	CD inspection afte	r P&A		
✓ All pits have been reme	diated in compliance wi	th OCD rules and the ter	ms of the Operator's pit per			· · · · ·		
			les have been properly aba					
A steel marker at least	1" in diameter and at lea	ast 4' above ground level	has been set in concrete.	It shows the		· · ·		
OPERATO	R NAME, LEASE N/	AME, WELL NUMBER	API NUMBER, QUAR	TER / QUAF	TER LOCATION	OR		
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. ALL INFORMATION HAS BEEN WELDED OR								
PERMANE	NTLY STAMPED O	N THE MARKER'S SL	RFACE.			•		
The location has been l	eveled as nearly as pos	sible to the original grour	nd contour and has been cl	eared of all iu	nk. trash. flow lines	and		
The location has been leveled as nearly as possible to the original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.								
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.								
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with								
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from the lease and well location.								
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have								
to be removed.)								
 All other environmental concrens have been addressed as per OCD rules. Pipelines and flow lines have been abandoned in accordance with 19.15.9.714.B(4)(b) NMAC. All fluids have been removed from 								
Pipelines and flow lines non-retrieved flow lines		in accordance with 19.15	5.9.714.B(4)(D) NMAC. AIL1	iulos nave pe	en removed from			
When all work has been	i completed, return this	form to the appropriate [District office to schedule an	inspection.		•••		
SIGNATURE	Auin Bus	TITLE	Sr. Reclamation F	oreman	DATE	1/15/20		
SIGNATURE Sum Kunho TITLE Sr. Reclamation For				oreman		1/10/20		
TYPE OR PRINT NAME	Guinn Burk	s E-MAIL	guinn.burks@apach	ecoro.com	PHONE:	432-556-9143		
For State Use Only					• · · · · · · · ·			
	XI				U	17 70		
APPROVED BY:	<u>/UMA FI</u>	nk TITLE		DATE <u>7</u>	-1)-20		
Conditions of Approval (n any). J	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		: . ·			
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