

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(505) 393-6161 Fax:(505) 393-0720

District II  
1301 W. Grand Ave., Artesia, NM 88210  
Phone:(505) 748-1283 Fax:(505) 748-9720

District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
Energy, Minerals and Natural Resources  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

Form C-103  
Permit131575

<p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</p> <p>1. Type of Well: O</p> <p>2. Name of Operator <b>APACHE CORP</b></p> <p>3. Address of Operator <b>303 Veterans Airpark Lane, Suite 3000, Midland, TX 79705</b></p> <p>4. Well Location Unit Letter <b>O</b> : <b>500</b> feet from the <b>S</b> line and <b>2300</b> feet from the <b>E</b> line Section <b>26</b> Township <b>17S</b> Range <b>28E</b> NMPM <b>Eddy</b> County</p>		WELL API NUMBER <b>30-015-38412</b>
		5. Indicate Type of Lease <b>S</b>
		6. State Oil & Gas Lease No.
		7. Lease Name or Unit Agreement Name <b>D STATE</b>
		8. Well Number <b>048</b>
		9. OGRID Number <b>873</b>
		10. Pool name or Wildcat
<p>11. Elevation (Show whether DR, KB, BT, GR, etc.) <b>3675 GR</b></p>		
<p>Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/></p> <p>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____</p> <p>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____</p>		

**12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data**

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
 TEMPORARILY ABANDON ☐ CHANGE OF PLANS ☐  
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
 Other: \_\_\_\_\_

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTER CASING ☐  
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐  
 CASING/CEMENT JOB ☐  
 Other: **Spud** ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**4/18/2011 Spudded well.**

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed TITLE \_\_\_\_\_ DATE 5/11/2011

Type or print name Bobby Smith E-mail address bobby.smith@apachecorp.com Telephone No. 432-818-1020

**For State Use Only:**

APPROVED BY: Randy Dade TITLE District Supervisor DATE 5/16/2011