## District I Form C-103 State of New Mexico 1625 N. French Dr., Hobbs, NM 88240 August 1, 2011 Phone:(575) 393-6161 Fax:(575) 393-0720 Energy, Minerals and Natural District II Permit 139748 811 S. First St., Artesia, NM 88210 Resources WELL API NUMBER Phone:(575) 748-1283 Fax:(575) 748-9720 District III 30-015-39267 Oil Conservation Division 1000 Rio Brazos Rd., Aztec, NM 87410 5. Indicate Type of Lease Phone:(505) 334-6178 Fax:(505) 334-6170 1220 S. St Francis Dr. District IV S 1220 S. St Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462 State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name DSTATE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH 8. Well Number PROPOSALS.) 053 1. Type of Well:O 9. OGRID Number 2. Name of Operator APACHE CORP 873 3. Address of Operator 10. Pool name or Wildcat 303 Veterans Airpark Lane, Suite 3000, Midland, TX 79705 4. Well Location tine and 2310 2310 feet from the S Unit Letter J feet from the 35 17S 28E NMPM Eddy Township Range County 11. Elevation (Show whether DR, KB, BT, GR, etc.) 3675 GR Pit or Below-grade Tank Application or Closure Pit Type \_\_\_\_\_ Depth to Groundwater \_\_\_\_ Distance from nearest fresh water well \_\_\_\_ Distance from nearest surface water Pit Liner Thickness:\_ mil Below-Grade Tank: Volume\_\_\_\_ bbls; Construction Material\_ 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTER CASING PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK TEMPORARILY ABANDON CHANGE OF PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDON PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMENT JOB Other: Other: Spud X 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. 11/7/2011 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 .

TITLE District Supervisor

DATE 11/8/2011

DATE 11/8/2011

E-mail address bobby.smith@apachecorp.com Telephone No. 432-818-1020

TITLE

SIGNATURE Electronically Signed

Type or print name Bobby Smith

APPROVED BY: Randy Dade

For State Use Only: