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 143911 811 S. First St., Artesia, NM 88210 Resources WELL API NUMBER Phone:(575) 748-1283 Fax:(575) 748-9720 District III 30-015-39075 Oil Conservation Division 1000 Rio Brazos Rd., Aztec, NM 87410 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 N B TWEEN STATE (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.) 025 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 Unit Letter C 990 N 2120 feet from the line and feet from the 1ine 25 NMPM Township 17S 28E Section Range Eddy County 11. Elevation (Show whether DR, KB, BT, GR, etc.) 3684 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__ mil Below-Grade Tank: Volume_ bbls; Construction Material_ Pit Liner Thickness: Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK ☐ ALTER CASING TEMPORARILY ABANDON CHANGE OF PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDON PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMENT JOB Other: X 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. 2/2/2012 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 \square , a general permit \square or an (attached) alternative OCD-approved plan \square .

TITLE

TITLE District Supervisor

DATE 2/3/2012

DATE 2/6/2012

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

SIGNATURE Electronically Signed

Randy Dade

Type or print name Bobby Smith

For State Use Only: APPROVED BY: