

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 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
August 1, 2011
Permit 168210

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NUMBER 30-025-41043
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator APACHE CORP		6. State Oil & Gas Lease No.
3. Address of Operator 303 Veterans Airpark Lane, Suite 3000, Midland, TX 79705		7. Lease Name or Unit Agreement Name NORTH MONUMENT G/SA UNIT
4. Well Location Unit Letter <u>K</u> : <u>2587</u> feet from the <u>S</u> line and <u>2578</u> feet from the <u>W</u> line Section <u>30</u> Township <u>19S</u> Range <u>37E</u> NMPM <u>Lea</u> County		8. Well Number 390
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3627 GR		9. OGRID Number 873
10. Pool name or Wildcat		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: Drilling/Cement <input checked="" type="checkbox"/>

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.
 5/12/2013 - CSG STRNG @ 1269'; HOLE SZ 11.00, STRNG SZ 8.625, TYPE J-55, WT 24, SURF CSG PRESSURE TEST: 1500 PSI/30 MIN - OK. 435 -- SKS OF CMT, CL C, CIRC 60 SKS TO SURF.
 5/14/2013 - DRL F/3583' - T/4037' TD. CIR & COND HOLE. RU ALLIED LOGGERS.
 5/15/2013 - CSG STRNG @ 4037'; HOLE SZ 7.875, STRNG SZ 5.5, TYPE J-55, WT 17.0, 705 SKS OF CMT, CL C, CIRC 112 SKS TO SURF. PROD CSG PRESSURE TEST: 2500 PSI/30 MIN - OK
 5/15/2013 - RR
 5/11/2013 Spudded well.

Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
05/12/13	Surf		11	8.625	24	J-55	0	1269	435	1.75	C				
05/15/13	Prod		7.875	5.5	17	J-55	0	4037	705	2	C				

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed _____ TITLE _____ DATE 6/5/2013
 Type or print name Bobby Smith E-mail address bobby.smith@apachecorp.com Telephone No. 432-818-1020

For State Use Only:

APPROVED BY: ELIDIO GONZALES TITLE HOBBS STAFF MANAGER DATE 6/5/2013 3:36:31 PM