Office Office	State of New Mexico	Form C-103
<u>District I</u>	Energy, Minerals and Natural Resources	June 19, 2008
1625 N French Dr , Hobbs, NM 88240 District II		WELL API NO. 30-015-00904
1301 W Grand Ave , Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr.	STATE X FEE
<u>District IV</u>	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St Francis Dr , Santa Fe, NM 87505		X0-2029-0078
SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR USE "APPLI PROPOSALS)	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	Empire Abo Unit "S"
1. Type of Well: ⊠Oil Well □	Gas Well Other:	8. Well Number <sub>006</sub> F
2. Name of Operator Apache Corporation		9. OGRID Number 873
3. Address of Operator	·- · · · · · <del>-</del>	10. Pool name or Wildcat
303 Veterans Airpark Lane, Suite 3	000 Midland, 1X 79705	Empire; Abo (22040)
4. Well Location		
	1980 feet from the South line and	
Section 16	Township 18S Range 27E  11. Elevation (Show whether DR, RKB, RT, GR	NMPM County Eddy
	3453' GR	s, etc.)
		الندينة والمستوات والمستوا
12. Check	Appropriate Box to Indicate Nature of Not	tice, Report or Other Data
NOTICE OF IN	ITENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON ☐ REMEDIAL \	
TEMPORARILY ABANDON ✓		E´DRILLING OPNS.□ P AND A □
PULL OR ALTER CASING	MULTIPLE COMPL	MENT JOB
DOWNHOLE COMMINGLE		
OTHER	□ OTHER:	П
13. Describe proposed or comp	leted operations. (Clearly state all pertinent detail	ls, and give pertinent dates, including estimated date
	ork). SEE RULE 1103. For Multiple Completion	s: Attach wellbore diagram of proposed completion
or recompletion.		
Anapha would like to TA this wal	I by cotting a CIDD above top parts and fill halo wit	h neekod flood Moore se sociotise improceed
injection and pressure maintenar	I by setting a CIBP above top perfs and fill hole wit nce.	
,		EST PROP 7/1/12 RECEIVED
TA	A status may be granted after a	RECEIVED
	ccessful MIT test is performed.	
	ontact the OCD to schedule the test	SEP <b>2 4</b> 2012
sc	it may be witnessed.	NIAAOOD AGTES!A
S. I.D.	D: D   104544	LAMOCD ARTESIA
Spud Date: 08/31/1960	Rig Release Date: 10/15/19	960
I hereby certify that the information	above is true and complete to the best of my know	yladge and ballof
Thereby certify that the information	above is true and complete to the best of my know	wreage and benefit
SIGNATURE	TITLE Regulatory Tech I	DATE 09/20/2012
Type or print name Fatima Vasque:	E-mail address: Fatıma Vasque	ez@apachecorp.com PHONE: (432) 818-1015
For State Use Only	D-man addicessrauma vasque	FTIONE. (402) 010-1013
	10-15	( ) ( ) ( ) ( )
APPROVED BY: Conditions of Approval (if any):	Naw TITLE COMPLAN	CO OFFICIAL DATE 193/12