Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	June 19, 2008
1625 N French Dr , Hobbs, NM 88240 District II		WELL API NO. 30-015-22465
1301 W Grand Ave, Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St Francis Dr , Santa Fe, NM 87505		X0-0647-0408
	AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR USE "APPLICATION PROPOSALS)	TO DRILL OR TO DEEPEN OR PLUG BACK TO A ON FOR PERMIT" (FORM C-101) FOR SUCH	Washington 33 State
	Well Other:	8. Well Number ₀₃₀
Name of Operator Apache Corporation		9. OGRID Number 873
3. Address of Operator		10. Pool name or Wildcat
303 Veterans Airpark Lane, Suite 3000	Midland, TX 79705	Artesia, Queen-Grayburg-San Andres (3230)
4. Well Location		
Unit Letter P : 750	feet from the South line and 115	
Section 33	Township 17S Range 28E	NMPM County Eddy
	. Elevation <i>(Show whether DR, RKB, RT, GR, etc.</i> 62' GR	
12 (1 1 4		D. A. Od. D.
••	opriate Box to Indicate Nature of Notice,	,
NOTICE OF INTE		SEQUENT REPORT OF:
	.UG AND ABANDON ☐ REMEDIAL WOR HANGE PLANS ☐ COMMENCE DR	
	HANGE PLANS	_
DOWNHOLE COMMINGLE	SETTI LE GOMI L	□ □
OTHER	OTHER:	
	operations. (Clearly state all pertinent details, an	
of starting any proposed work). or recompletion.	SEE RULE 1103. For Multiple Completions: A	ttach wellbore diagram of proposed completion
or recompletion.		
Apache would like to TA this well by s	etting a CIBP above top perfs and fill hole with page	cked fluid. We are re-evaluating increased
injection and pressure maintenance.		3
	ted after a performed. LAST PREVI	
TA status may be gran	ted after a	DECEIVE
successful MIT test is p	performed. $\frac{1}{1}$	RECEIVED
Contact the OCD to sch		SEP 2 4 2012
so it may be witnessed		
Spud Date: 03/28/1978	Rig Release Date: 04/12/1978	NMOCD ARTES
Lhereby certify that the information above	e is true and complete to the best of my knowledg	re and helief
Thereby certify that the information door	o is that and complete to the best of my knowledg	se and benefi.
2		
SIGNATURE	TITLE Regulatory Tech	DATE 09/18/2012
Type or print name Fatima Vasquez	E-mail address: Fatıma Vasquez@ap	pachecorp com PHONE: (432) 818-1015
For State Use Only	2 man address. Tanna vasquez@ap	THOUGH, TIETH
	Mas TITLE COMPLIANCE	secure inhilia
APPROVED BY: Conditions of Approval (if any):	THE COMPLINE	OFTUAL DATE 10/4/12