Office Office Office		State of New I	Mexico]	Form C-103
District I	Energy,	, Minerals and Na	atural Resources			June 19, 2008
1625 N French Dr , Hobbs, NM 88240 District II	OH C	ONICEDALATIC	M DIVICION	WELL API 30-015-3249		,
1301 W Grand Ave , Artesia, NM 88210	O .	CONSERVATION		5. Indicate	Type of Lease	
<u>District III</u> 1000 Rio Brazos Rd , Aztec, NM 87410	1.2	220 South St. F.		STA	***************************************	
District IV		Santa Fe, NM	87505	6. State Oi	l & Gas Lease No.	
1220 S St. Francis Dr , Santa Fe, NM 87505				X0-0647-04	05	
SUNDRY NO		EPORTS ON WEL		7. Lease N	lame or Unit Agree	ement Name
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVOIR USE "APP PROPOSALS)				DAD State		
	☐ Gas Well ☐	Other:		8. Well Nu		
2. Name of Operator Apache Corporation				9. OGRID 873	Number	
3. Address of Operator					ame or Wildcat	
303 Veterans Airpark Lane, Suite	3000 Midland,	TX 79705		Artesia, Glo	rieta-Yeso (O) (96	830)
4. Well Location						
Unit Letter_I		et from the South	line and <u>99</u>	<u> </u>	eet from the East	line
Section 34		ownship 17S	Range 28E	NMPM	County E	ddy
1. 数据数数数据数据	11. Elevatio 3665' GR	on (Show whether I	DR, RKB, RT, GR, etc	.)		
	COCC CIT				<u>Chiana and an an an an</u>	****
12. Check	Appropriate	Box to Indicate	Nature of Notice,	Report or (Other Data	
NOTICE OF	INTENTION	TO:	SUF	SEQUEN	T REPORT OF	F:
PERFORM REMEDIAL WORK [REMEDIAL WOR			CASING [
TEMPORARILY ABANDON	CHANGE P	LANS 🔲	COMMENCE DE	ILLING OPNS	S. PANDA	
PULL OR ALTER CASING [MULTIPLE	COMPL	CASING/CEMEN	IT JOB		
DOWNHOLE COMMINGLE [
OTHER.			OTHER.			
13. Describe proposed or con						
of starting any proposed or recompletion.	work). SEE RU.	LE 1103. For Mul	tiple Completions: A	ttach wellbore	e diagram of propo	sed completion
or recompletion.						
Apache would like to TA this w	vell by setting a C	IRP above top per	fs and fill hole with na	cked fluid \\/	e are re-evaluating	increased
injection and pressure mainter						Increased
			AST PROP	2/11	12	
	be granted aft	ter a	451 1100D	7/1/	/ I DF	
successful MI	T test is perfori	med.				CEIVED
Contact the O	CD to schedule	the test			1 0	.D. a.
so it may be w	itnessed.) SE	CEIVED 1 2 4 2012
1		1			INMOC	D ARTESIA
Spud Date: 11/04/2004		Rig Release	Date: 11/19/2004			ARTESIA
		_	.,,			
I bench a coutify that the informati	on above is town	and assemble to the	- la	1 1 - 1' - C		
I hereby certify that the information	on above is true a	and complete to the	e best of my knowleds	ge and belief.		
SIGNATURE		TITLE_Re	gulatory Tech		DATE_ 09/19/	2012
Type or print name Fater Veren	107	D mail add	rocct Enter-Maria	b-a	DIJONIE: 7422) Q1Q 101E
Type or print name <u>Fatıma Vasqu</u> For State Use Only	<u>iez</u>	E-mail addi	ess: Fatima Vasquez@a	pachecorp com	PHONE: <u>(432</u>) 0 10-1015
	1	_	•			/ /
APPROVED BY: Jacks Conditions of Approval (if any):	ng INGE	TITLE C	mpciance	OFFICE	DATE 10	14/12
Conditions of Approval (if any):					/	1