Submit 3 Copies To Office	Office		State of New Me		Form C-103	
District I 1625 N. French Dr.	Hohbs NM 88240		Minerals and Natu	ral Resources	WELL API NO.	June 19, 2008
1625 N French Dr , Hobbs, NM 88240 District II			ONSERVATION	DIVISION	30-015-30192	
District III 1220			220 South St. Fran		5. Indicate Type of Lease STATE X FE	r 🗆
1000 Rio Brazos Ro District IV	1000 Rio Brazos Rd , Aztec, NM 87410				STATE X FEE	
1220 S St Francis 87505	Dr , Santa Fe, NM					
87303	SUNDRY NO	OTICES AND RE	PORTS ON WELLS		7. Lease Name or Unit Agre	ement Name
(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)					Washington 33 State	
1. Type of Well: □Oil Well □ Gas Well ☑ Other: Injection					8. Well Number ₀₁₀	
2. Name of Operator					9. OGRID Number	
Apache Corporation 3. Address of Operator					873 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_F : 2267 feet from the North line and 1650 feet from the West line						
Section	1 33			nge 28E	NMPM County	Eddy
			n <i>(Show whether DR,</i>	RKB, RT, GR, etc.		
3673'						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING REMEDIAL WORK						
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS ☐ P AND A ☐						
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB						
DOWNHOLE C	OMMINGLE					
OTHER: Step Rate Test OTHER: OTHER:						
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.						
Apache Corp	oration is reques	stina permission to	perform a step rate t	est. We would like	to have the test done so that w	e can request
an increase ir	n injection pressi	ure based on new	step rate test. The o	bjective is to estab	ish the fracture pressure for each	
a new IPI less than the fracture pressure measured The current max psi is 650 psig.						
Note. We will monitor the pressure using automation to ensure the pump will shut down before the new IPI maximum.						
					RECE	
						-IVED
			_		\mathcal{L}	2 2012
Spud Date: 09	9/04/1998		Rig Release Da	te: 09/13/1998	NMOCO	
Spud Date.			Kig Kelease Da	16. 09/13/1998	PECE OCT 1	RTESIA
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE			TITLE Regula	atory Tech I	DATE 10/10)/2012
						72012
Type or print nam		uez	E-mail address	: Fatıma Vasquez@ar	pachecorp com PHONE: (432	2) 818-1015
For State Use O	<u>y</u>	/	_			1 /
APPROVED BY		es / Mae	title_	PLIANCE OF	FICER DATE 10/1	18/12
Conditions of Ap	proval (it any):				•	