ubmit 1 Copy To Appropriate District Office		State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised August 1, 2011 WELL API NO.			
istrict I 625 N. French Dr., Hobbs, NM 88240								
istrict II		OIL CONSERVATION DIVISION			30-015-22632 5. Indicate Type of Lease			
11 A. First St., Artesia, NM 88210 isrtict III					5. Indicate	STATE		
000 Rio Brazos Rd. Aztec, NM 87410		1220 South St. Francis Dr. Santa Fe, NM 87505			6. State Oil & Gas Lease NO.			
220 S. St. Francis Dr., Santa Fe, NM 87505								
SUNDRY NOTICES AND REPORTS ON WELLS DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A					7. Lease Name or Unit Agreement Name			
OFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH:						Empire Abo	Unit "F] "
ROPOSALS.) . Type of Well: Oil Well Gas Well Other					8. Well Number 294			
. Name of Operator					9. OGRID Numer			
Apache Corporation . Address of Operator					873			
303 Veterans Airpark Lane, Ste. 3000, Midland, TX 79705 Well Location					Empire Abo			
· Unit Letter	M : 120		s	line and		feet from th	W	line
Section	Townshi	p 17S (Show whether l	Range DR. RKB.RT.	28E GR. etc.)	NMPM	Co	ounty	Eddy
			666' GR					
12. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data								
NOT	CICE OF INTENTION	TO:		:	SUBSEQ	UENT REPO	ORT OF:	
'ERFORM REMEDIAL WORK	PLUG/	AND ABANDON		REMEDIAL	. WORK	Ę		
EMPORARILY ABANDON CHANGE PLANS ULL OR ALTER CASING MULTIPLE COMPL				COMMENCE DRILLING OPNS. CASING/CEMENT JOB				
OWNHOLE COMMINGLE ALTERING P AND A					CASING			
)THER:	!			OTHER:]	
13. Describe proposed or starting any proposed work.)	completed operations. SEE RULE 1103. For	(Clearly state all p	pertinent deta	ails, and give wellhore diag	pertinent da	ates, including	g estimate	ed date of
otaliting any proposition worth		mampio compiot	iono: / maon		grain or prof	ood oompro		
	•			•				
				•				
	1							
Apache Corporation regu	ः iests an extension o	n the prior app	proved plug	iaina proce	edure that	expired 5/0	5/13. PI	ease grant
Apache Corporation requests an extension on the prior approved plugging procedure that expired 5/05/13. Please grant an additional 90 days to complete the work and submit the final.								
a 1	6 4 . 4	. 8-11	12/21/	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Extension Gro	inted Approv	red untill	12/31/	Ø013				
•	i L							
Spud Date:	<u>:</u>		Rig Releas	se Date:				
				1				
hereby certify that the information above is true and complete to the best of my knowledge and belief.								
SIGNATURE	Arunn Bu	LO_TITLE	Recla	amation Fo	reman	DATE	5/	7/13
ype or print name	Guinn Burks	E-mail add	. guinn.bu	rke@anach	acorn com	DHOME:	122 5	56-9143
or State Use Only	200 al	IIIaii auu	<u> </u>			_	/ /	00-0140
IPPROVED BY:	NUave	TITLE	11150	4 DGP4	ewison	DATE _	5/14/2	013
Conditions of Approval (if a	ińy):						, ,	