

District I
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Phone:(575) 393-6161 Fax:(575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720
District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural
Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
August 1, 2011

Permit 158804

SUNDRY NOTICES AND REPORTS ON WELLS (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.)		WELL API NUMBER 30-015-40110
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator APACHE CORP		6. State Oil & Gas Lease No.
3. Address of Operator 303 Veterans Airpark Lane, Suite 3000, Midland, TX 79705		7. Lease Name or Unit Agreement Name WASHINGTON 33 STATE
4. Well Location Unit Letter <u>K</u> : <u>1550</u> feet from the <u>S</u> line and <u>2130</u> feet from the <u>W</u> line Section <u>33</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County		8. Well Number 056
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3674 GR		9. OGRID Number 873
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		10. Pool name or Wildcat

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/>

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.
10/10/2012 - CSG STRNG @ 508'; HOLE SZ 12.25, STRNG SZ 8.625, TYPE J-55, WT 24, SURF CSG PRESSURE TEST: 1200 PSI/30 MIN - OK.
10/11/2012 - 340 SKS OF CMT, CL C, CIRC 146 SKS TO SURF.
10/16/2012 - DRL F/4843' - T/5154' TD. CIR & COND HOLE. RU SCHLUMBERGER LOGGERS. CSG STRNG @ 5154'; HOLE SZ 7.875, STRNG SZ 5.5, TYPE J-55, WT 17.0.
10/17/2012 - 760 SKS OF CMT, CL C, CIRC 78 SKS TO SURF. PROD CSG PRESSURE TEST: 2500 PSI/30 MIN - OK.
10/17/2012 - RR
10/10/2012 Spudded well.

Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
10/10/12	Surf		12.25	8.625	24	J-55	0	508	340	1.34					
10/16/12	Prod		7.875	5.5	17	J-55	0	5154	760	2.01					

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed _____ TITLE _____ DATE 12/3/2012
Type or print name Bobby Smith E-mail address bobby.smith@apachecorp.com Telephone No. 432-818-1020

For State Use Only:

APPROVED BY: Randy Dade TITLE District Supervisor DATE 12/3/2012 7:18:56 PM