

| <b>District I</b><br>1625 N. French Dr., Hobbs, NM 88240<br>Phone:(575) 393-8161 Fax:(575) 393-0720<br><b>District II</b><br>811 S. First St., Artesia, NM 88210<br>Phone:(575) 748-1283 Fax:(575) 748-9720<br><b>District III</b><br>1000 Rio Brazos Rd., Aztec, NM 87410<br>Phone:(505) 334-6178 Fax:(505) 334-6170<br><b>District IV</b><br>1220 S. St Francis Dr., Santa Fe, NM 87505<br>Phone:(505) 476-3470 Fax:(505) 476-3462                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br>Permit 175752<br>WELL API NUMBER<br>30-025-41262<br>5. Indicate Type of Lease<br>F<br>6. State Oil & Gas Lease No.<br>7. Lease Name or Unit Agreement Name<br>WEST BLINEBRY DRINKARD<br>UNIT |                                           |                       |                       |                     |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------|-----------------------|---------------------|------------------------------------------------|-------------------------------------------|----------------------------------------|---------------------------------------|----------------------------------------------|------------------------------------------|--------------------------------------------------|-------------------------------------------|-----------------------------------------------|-----------------------------------------|--------------------------------------------|-----------|--------------|------|-------------------------------------------------------------------|-------|-------|----|-----|---|------|-----|------|---|--|------|--|--|----------|------|--|-------|-----|----|-----|---|------|------|---|---|--|------|--|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                              |                                           |                       |                       |                     |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| 1. Type of Well:<br>O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               | 8. Well Number<br>142                                                                                                                                                                                                        |                                           |                       |                       |                     |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| 2. Name of Operator<br>APACHE CORP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               | 9. OGRID Number<br>873                                                                                                                                                                                                       |                                           |                       |                       |                     |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| 3. Address of Operator<br>303 Veterans Airpark Lane, Suite 3000, Midland, TX 79705                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               | 10. Pool name or Wildcat                                                                                                                                                                                                     |                                           |                       |                       |                     |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| 4. Well Location<br>Unit Letter <u>P</u> : <u>205</u> feet from the <u>S</u> line and feet <u>535</u> from the <u>E</u> line<br>Section <u>9</u> Township <u>21S</u> Range <u>37E</u> NMPM _____ County <u>Lea</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                                                                                                                                                                              |                                           |                       |                       |                     |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3466 GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               |                                                                                                                                                                                                                              |                                           |                       |                       |                     |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                                                                                                                                                                                                                              |                                           |                       |                       |                     |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width:100%;"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/></td> </tr> </table> |                                                                                                                                                                               |                                                                                                                                                                                                                              | NOTICE OF INTENTION TO:                   |                       | SUBSEQUENT REPORT OF: |                     | PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE OF PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> |           | Other: _____ |      | Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/> |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               | SUBSEQUENT REPORT OF:                                                                                                                                                                                                        |                                           |                       |                       |                     |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PLUG AND ABANDON <input type="checkbox"/>                                                                                                                                     | REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                       | ALTER CASING <input type="checkbox"/>     |                       |                       |                     |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| TEMPORARILY ABANDON <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CHANGE OF PLANS <input type="checkbox"/>                                                                                                                                      | COMMENCE DRILLING OPNS. <input type="checkbox"/>                                                                                                                                                                             | PLUG AND ABANDON <input type="checkbox"/> |                       |                       |                     |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| PULL OR ALTER CASING <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MULTIPLE COMPL <input type="checkbox"/>                                                                                                                                       | CASING/CEMENT JOB <input type="checkbox"/>                                                                                                                                                                                   |                                           |                       |                       |                     |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               | 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.<br>SPUD 10/9/2013 10/9/2013 CSG STRNG @ 1329'; HOLE SZ 11", STRNG SZ 8.625, TYPE J-55, WT 24, SURF CSG PRESSURE TEST: 2000 PSI/ 30 MIN. - OK, 10/09/2013 505 SKS OF CMT, CL C, YIELD 1.75, CIRC 118 SKS TO SURFACE, 10/14/2013 DRL F/ 6383' - T/6856 TD, CIR & COND HOLE, RU BAKER HUGHES LOGGERS, 10/15/2013 CSG STRNG @ 6856'; HOLE SZ 7.875, STRNG SZ 5.5, TYPE L80, WT 17.0, 10/16/2013 CMT: 1320 SKS, CL C, YIELD 2.0, CIRC 191 SKS TO SURF. PROD CSG PRESSURE TEST: 2500 PSI/ 30 MIN. - OK 10/16/2013 - RR 10/9/2013 Spudded well.                                                                                                                                                                         |                                                                                                                                                                               |                                                                                                                                                                                                                              |                                           |                       |                       |                     |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| <b>Casing and Cement Program</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>String</th> <th>Fluid Type</th> <th>Hole Size</th> <th>Csg Size</th> <th>Weight lb/ft</th> <th>Grade</th> <th>Est TOC</th> <th>Dpth Set</th> <th>Sacks</th> <th>Yield</th> <th>Class</th> <th>1" Dpth</th> <th>Pres Held</th> <th>Pres Drop</th> <th>Open Hole</th> </tr> </thead> <tbody> <tr> <td>10/09/13</td> <td>Surf</td> <td></td> <td>12.25</td> <td>8.625</td> <td>24</td> <td>J55</td> <td>0</td> <td>1329</td> <td>505</td> <td>1.75</td> <td>C</td> <td></td> <td>2000</td> <td></td> <td></td> </tr> <tr> <td>10/15/13</td> <td>Prod</td> <td></td> <td>7.875</td> <td>5.5</td> <td>17</td> <td>L80</td> <td>0</td> <td>6856</td> <td>1320</td> <td>2</td> <td>C</td> <td></td> <td>2500</td> <td></td> <td></td> </tr> </tbody> </table>                                                                                                       |                                                                                                                                                                               |                                                                                                                                                                                                                              | 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 | 10/09/13     | Surf |                                                                   | 12.25 | 8.625 | 24 | J55 | 0 | 1329 | 505 | 1.75 | C |  | 2000 |  |  | 10/15/13 | Prod |  | 7.875 | 5.5 | 17 | L80 | 0 | 6856 | 1320 | 2 | C |  | 2500 |  |  |
| 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                                     |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| 10/09/13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Surf                                                                                                                                                                          |                                                                                                                                                                                                                              | 12.25                                     | 8.625                 | 24                    | J55                 | 0                                              | 1329                                      | 505                                    | 1.75                                  | C                                            |                                          | 2000                                             |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| 10/15/13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Prod                                                                                                                                                                          |                                                                                                                                                                                                                              | 7.875                                     | 5.5                   | 17                    | L80                 | 0                                              | 6856                                      | 1320                                   | 2                                     | C                                            |                                          | 2500                                             |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| 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 NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                                                                                                                                                                                              |                                           |                       |                       |                     |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| <table style="width:100%;"> <tr> <td>SIGNATURE</td> <td>Electronically Signed</td> <td>TITLE</td> <td>District Supervisor</td> <td>DATE</td> <td>10/21/2013</td> </tr> <tr> <td>Type or print name</td> <td>Ed Martin</td> <td>E-mail address</td> <td>ed.martin@state.nm.us</td> <td>Telephone No.</td> <td>505-476-3470</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                              | SIGNATURE                                 | Electronically Signed | TITLE                 | District Supervisor | DATE                                           | 10/21/2013                                | Type or print name                     | Ed Martin                             | E-mail address                               | ed.martin@state.nm.us                    | Telephone No.                                    | 505-476-3470                              |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Electronically Signed                                                                                                                                                         | TITLE                                                                                                                                                                                                                        | District Supervisor                       | DATE                  | 10/21/2013            |                     |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| Type or print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ed Martin                                                                                                                                                                     | E-mail address                                                                                                                                                                                                               | ed.martin@state.nm.us                     | Telephone No.         | 505-476-3470          |                     |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| <b>For State Use Only:</b><br><table style="width:100%;"> <tr> <td>APPROVED BY:</td> <td>Paul Kautz</td> <td>TITLE</td> <td>Geologist</td> <td>DATE</td> <td>10/22/2013 8:33:18 AM</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                                                                                                                                                                                                                              | APPROVED BY:                              | Paul Kautz            | TITLE                 | Geologist           | DATE                                           | 10/22/2013 8:33:18 AM                     |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |
| APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Paul Kautz                                                                                                                                                                    | TITLE                                                                                                                                                                                                                        | Geologist                                 | DATE                  | 10/22/2013 8:33:18 AM |                     |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |       |       |    |     |   |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |   |      |      |   |   |  |      |  |  |

**District I**  
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**District II**  
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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**

Comments  
Permit 175752

**DRILLING COMMENTS**

|                                                                            |                |          |
|----------------------------------------------------------------------------|----------------|----------|
| Operator:<br>APACHE CORP<br>303 Veterans Airpark Lane<br>Midland, TX 79705 | OGRID:         | 873      |
|                                                                            | Permit Number: | 175752   |
|                                                                            | Permit Type:   | Drilling |

**Comments**

| Created By                            | Comment | Comment Date |
|---------------------------------------|---------|--------------|
| There are no Comments for this Permit |         |              |