

Submit 3 Copies To Appropriate District Office

District I  
1625 N. Hobbs Dr., Hobbs, NM 88240

District II  
1301 W. Grand Ave., Artesia, NM 88210

District III  
1000 Rio Brazos Rd. Aztec, NM 87401

District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
October 25, 2005

NOV 13 OIL CONSERVATION DIVISION

DISTRICT IV-ARTESIA O.C.D.

1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.	30-015-01538
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	309164
7. Lease Name or Unit Agreement Name	Empire Abo Unit
8. Well Number	43
9. OGRID Number	873
10. Pool Name	Empire Abo 224040

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator Apache Corporation
3. Address of Operator 303 Veterans Airpark Ln., Ste. 3000, Midland, TX, 79705
4. Well Location Unit Letter J : 1650 feet from the S line and 1980 feet from the E line Section 25 Township 17S Range 28E NMPM County Eddy
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3597'GR

12. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		<input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A	
<input checked="" type="checkbox"/> All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.			
<input checked="" type="checkbox"/> Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.			
<input checked="" type="checkbox"/> A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the			

**OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER / QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. ALL INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.**

- ☒ The location has been leveled as nearly as possible to the original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.
- ☒ Anchors, dead man, tie downs and risers have been cut off at least two feet below ground level.
- ☒ If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from the lease and well location.
- ☒ All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)
- ☒ All other environmental concerns have been addressed as per OCD rules.
- ☒ Pipelines and flow lines have been abandoned in accordance with 19.15.9.714.B(4)(b) NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.

When all work has been completed, return this form to the appropriate District office to schedule an inspection. If more than one inspection has to be made to a P&A location because it does not meet the criteria above, a penalty may be assessed.

SIGNATURE Guinn Burks TITLE Sr. Reclamation Foreman DATE 11/11/19  
TYPE OR PRINT NAME Guinn Burks guinn.burks@apachecorp.com PHONE: 432-556-9143  
For State Use Only  
APPROVED BY: **"Denied"** TITLE **"Denied"** DATE 11/14/19  
Conditions of Approval (if any):

**"Denied"** Need to use C-103 Nov 2011