| Office   | Butte of New Mexico                     |  | Form C-103<br>October 13, 2009 |                                      |
|--|---|--|--------------------------------|--------------------------------------|
| District I  1625 N. French Dr., Hobbs, NM 88240  District II  1301 W. Grand Ave., Artesia, NM 88240  District III  1000 Rio Brazos Rd., Aztec, NM 87410  District IV  1220 S. St. Francis Dr., Santa Fe, NM  87505  Energy, Minerals and Natural Resources  Light Constraints and Natural R |   | WELL API NO.   |                                |                                      |
|  |   | 30-025-33045 5. Indicate Type of Lea   | ise /                          |                                      |
|  |   | STATE FEE 🗸  |                                |                                      |
|  |   | 6. State Oil & Gas Lease No.   |                                |                                      |
| SUNDRY NOTK ES 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.)   |   | 7. Lease Name or Unit Agreement Name  MONUMENT ABO 35  |                                |                                      |
|  |   |  |                                | 1. Type of Well: Oil Well Gas Well . |
| 2. Name of Operator Apache Corp.   |   | 9: OGRID Number  |                                |                                      |
| 3. Address of Operator   |   | 10. Pool name or Wildcat<br>MONUMENT ABO   |                                |                                      |
| P O box Drawer D Monument NM 88265   |   |  |                                |                                      |
| 4. Well Location Unit Letter M: 660 feet from t  | heSOUTHlin                              | ne and 330   | feet from the                  |                                      |
| WEST line  |   | , ,  | _lest from the                 |                                      |
| Section 35 Township  |   | 6E NMPM  | Lea County                     |                                      |
| 11. Elevation (Show where the state of the s | nether DR, RKB, RT, GR, etc.,           | )  |                                |                                      |
| 12 Charles and Dank In   | E-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A |  |                                |                                      |
| 12. Check Appropriate Box to In  | ŕ                                       |  | •••                            |                                      |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |   |  |                                |                                      |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON TEMPORARILY ABANDON ☑ CHANGE PLANS  |   | D. 10 45 05 44   |                                |                                      |
| PULL OR ALTER CASING 🕠 🔲 MULTIPLE COMPL  |   | Rule 19.15.25.14<br>or Packer within 100 feet of   | uppermost :                    |                                      |
| DOWNHOLE COMMINGLE   | perfs or open ho                        | le Pressure test to 500 psi  | for 30 minutes with            |                                      |
| a pressure drop of <u>not greater</u> than 10% over a  OTHER:  30 minute period  |   |  |                                |                                      |
| 13. Describe proposed or completed operations. (Clearly  |   | e de la companya de l | 1                              |                                      |
| of starting any proposed work). SEE RULE 19.15.7. proposed completion or recompletion.   | 14 NMAC. For Multiple Co.               | mpletions: Attach wellbo   | re diagram of                  |                                      |
| Plan to MIRU and pooh with tubing and sub pump. RIH with   | wire line and CIRP to set @ 1           | 7150' + or - with 35' of c   | ement                          |                                      |
| Perfs @ 7198' – 7511' RIH with tubing and load with pkr fluid. POOH with tubing and lay down. Test the casing to 520 psi   |   |  |                                |                                      |
| And chart it.  |   |  |                                |                                      |
| The Oil Conservation Division  | 1                                       | <b>Condition of Appro</b>  | val: notify                    |                                      |
| MUST BE NOTIFIED 24 Hours  |   | OCD Hobbs office   | 24 hours                       |                                      |
| Prior to the beginning of operations   | ,<br>;                                  | ior of running MIT   | Test & Chart                   |                                      |
| Tito: 00 the beginning in 1  | <u>-</u>                                |  | ν                              |                                      |
|  | , .                                     | , ,  |                                |                                      |
| Spud Date: Rig F   | Release Date:                           |  |                                |                                      |
|  | <del></del>                             | , ,  |                                |                                      |
| I hereby certify that the information above is true and complet  | c to the best of my knowledg            | e and belief.  |                                |                                      |
| O(O(O))  |   |  |                                |                                      |
| SIGNATURE TITI   | _EInstrument Tech                       | DATE_  | 6-12-12                        |                                      |
| Type or print nameJim Ellison E-mail address: _JD.Ellison@apacheccorp.com_PHONE: 441-7734  |   |  |                                |                                      |
| APPROVED BY DATE 6-12-2012   |   |  |                                |                                      |
| APPROVED BY STATE STILL  | E STAFF N                               | DATE   | 0-12-2017                      |                                      |
| Conditions of Approval (if any):   | ,                                       |  |                                |                                      |