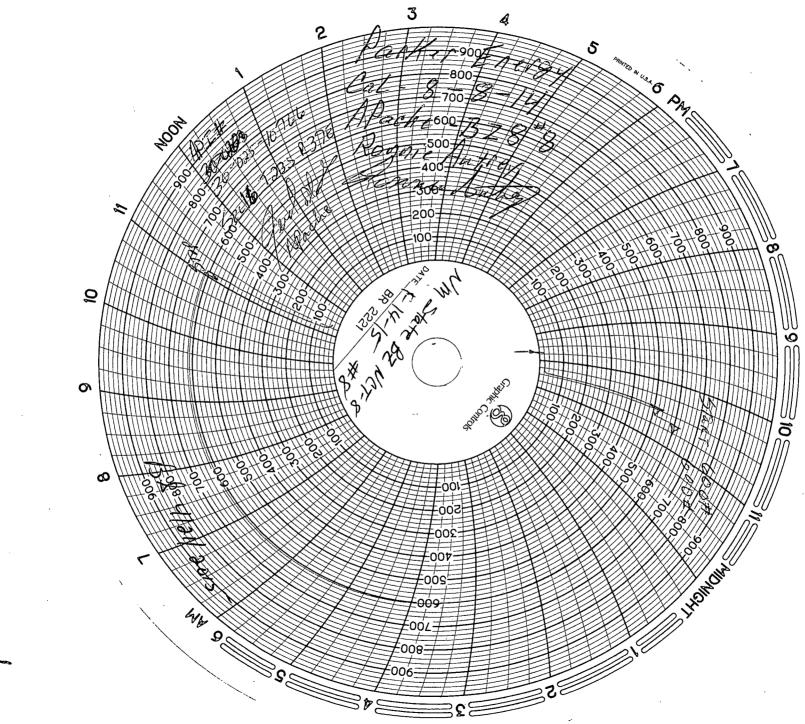
Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District 1 - (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-025-10766
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE
District IV - (505) 476-3460			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			BO-0158-0019
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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 SUCLED PROPOSALS.)			New Mexico BZ State NCT-8 (16833)
PROPOSALS.)	HOBBS OCD		8. Well Number 008
1. Type of Well: Oil Well   2. Name of Operator	Gas Well Other Injection		9. OGRID Number
Apache Corporation	- APR 17 2015		873
3. Address of Operator			10. Pool name or Wildcat
303 Veterans Airpark Lane, Suite	1000 Midland, TX 79705	RECEIVED	Langlie Mattix; 7R-Q-GB (37240)
4. Well Location	. 660 feet from the North		)
Onit Letter	leet from the		
Section 16	Township 23S	Range 37E	NMPM County Lea
	11. Elevation (Show whether 3320' G		
12. Check	Appropriate Box to Indicate	e Nature of Notice	Report or Other Data
	• • •		•
_	INTENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK [		REMEDIAL WOR	
TEMPORARILY ABANDON [	CHANGE PLANS	COMMENCE DR	<del>-</del>
	MULTIPLE COMPL	CASING/CEMEN	T JOB 📙
_			
		OTHER: MIT	
OTHER:  13 Describe proposed or cor	unleted operations (Clearly state		d give pertinent dates, including estimated date
			mpletions: Attach wellbore diagram of
proposed completion or recompletion.			
• •	•		
Apache tested this well in conjunction	on with the Bradenhead test on 1/1	14/2015; see copy of ch	art attached.
			71111
Spud Date: 4/25/1959	Rig Release	e Date: 5/5/1959	
257.1888		<u> </u>	
I hereby certify that the information	on above is true and complete to the	ne best of my knowledg	ge and belief.
0 1	- A		
SIGNATURE KILLAN H	And TITLE Sr.	Staff Regulatory Analys	st DATE 4/14/2015
- 1			
Type or print name Reesa Fisher	E-mail add	dress: Reesa.Fisher@ap	achecorp.com PHONE: (432) 818-1062
For State Use Only			
R-10	lo o . of mimi n	Stuff Mane	19e DATE 4/21/2015
APPROVED BY: / Service of Approval (if any):	Numar IIILE	SIUTT WILL O	DATE 1101/3015
Conditions of Approval (if any):			•

MAY 0 4 2015

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