Office Office	State of New Mexico			Form C-103
District I – (575) 393-6161	Energy, Minerals and Natur	al Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-38120	
District III - (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Le STATE	FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Le	
1220 S. St. Francis Dr., Santa Fe, NM			BO-0934-0016	asc 140.
87505	0(CT 3 1 2016		
	ES AND REPORTS ON WELLS		7. Lease Name or Uni	t Agreement Name
(DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICA" PROPOSALS.)	LS TO DRILL OR TO DEEPEN OR PLO FION FOR PERMIT" (FORM C-101) FO	RSUCHVED	New Mexico S State	-
	as Well Other		8. Well Number 056	,
Name of Operator Apache Corporation			9. OGRID Number 873	,
3. Address of Operator			10. Pool name or Wile	dcat
303 Veterans Airpark Lane, Suite 1000	Midland, TX 79705		PenSkelly;GB(50350)/E	Eunice;SA,So(24170)
4. Well Location				
Unit Letter C / Lot 3 : 99		line and _165		
Section 2		nge 37E		unty Lea
	11. Elevation (Show whether DR,	RKB, RT, GR, etc.)	
	3363' GL			
NOTICE OF INT	propriate Box to Indicate Na ENTION TO: PLUG AND ABANDON		SEQUENT REPO	
	CHANGE PLANS	COMMENCE DR		ND A
	MULTIPLE COMPL	CASING/CEMEN		
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM				
OTHER:		OTHER:		200 10
13. Describe proposed or complet of starting any proposed work proposed completion or recompact the performed the following:). SEE RULE 19.15.7.14 NMAC			
spacifie performed the following.				
10/18/2016 MIRUSU POOH w/tbg. Pel 10/19/2016 Acidize Lower San Andres v Acidize Grayburg w/1500 ga 10/20/2016 RIH w/prod equip. 2-7/8" J- 10/21/2016 Repair drive. POP	v/8000 gal 15% HCL NEFE acid & al 15% HCL NEFE acid w/no divers	3900# Rock Salt. sion.		e scraper run.
P-1				
Spud Date: 10/03/2006	Rig Release Dat	e: 10/08/2006	,	
10/03/2000				
I hereby certify that the information ab	ove is true and complete to the be	st of my knowledg	e and helief	The same of the sa
Thereby certify that the information ab	ove is true and complete to the be	st of my knowledg	e and belief.	THE CUNIA.
() 1.	1			
SIGNATURE Klesa HS	TITLE Sr. Staff	Reg Analyst	DATE	10/27/2016
and the state of t			15	
Type or print name Reesa Fisher	E-mail address:	Reesa.Fisher@apa	achecorp.com PHONE	E: (432) 818-1062
For State Use Only //	0			1 1
APPROVED BY: Conditions of Approval (if any):	Slow Pittle Dis	- Supe	WOOL DATE	10/31/2014