Form C-103

<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	State of New Mexico		Form C-103 August 1, 2011
Phone: (575) 393-6161 Fax: (575) 393-0720 District II Energy, Minerals and N		rals and Natural	Permit 165245
811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720	Resources Oil Conservation Division		WELL API NUMBER
District III			30-015-38584
1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 1220 S St		Francis Dr.	5. Indicate Type of Lease
District IV 1220 S. St Francis Dr., Santa Fe, NM 87505			S
Phone:(505) 476-3470 Fax:(505) 476-3462	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Nat			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO			A STATE
A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			8. Well Number
1. Type of Well:O			054
2. Name of Operator			9. OGRID Number
APACHE CORP			873
3. Address of Operator			10. Pool name or Wildcat
303 Veterans Airpark Lane, Suite 3000, Midland, TX 79705			100000000000000000000000000000000000000
4. Well Location Unit Letter J : 1575 feet from the S tine and 2410 feet from the E tine Section 26 Township 17S Range 28E NMPM Eddy County 11. Elevation (Show whether DR, KB, BT, GR, etc.) 3665 GR GR, etc.) 3665 GR			
Pit or Below-grade Tank Application or Closure Pit Type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water			
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQU			NT REPORT OF:
PERFORM REMEDIAL WORK PLU	JG AND ABANDON [REMEDIAL WORK	☐ ALTER CASING ☐
	ANGE OF PLANS	COMMENCE DRILLING OPN	S. PLUG AND ABANDON
PULL OR ALTER CASING MULTIPLE COMPL Other:		CASING/CEMENT JOB	
Other:		Other: Spud	×
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. 4/1/2013 Spudded well.			
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			

a nereory certury that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grad been/will be constructed or closed according to NMOCD guidelines \square , a general permit \square or an (attached) alternative OCD-approved plan \square .

SIGNATURE Electronically Signed TITLE

DATE 4/10/201. DATE 4/10/2013 Type or print name Bobby Smith E-mail address bobby.smith@apachecorp.com Telephone No. 432-818-1020 For State Use Only:
APPROVED BY: Randy Dade TITLE District Supervisor DATE 4/10/2013