

| <b>District I</b><br>1625 N. French Dr., Hobbs, NM 88240<br>Phone:(575) 393-8161 Fax:(575) 393-0720<br><b>District II</b><br>811 S. First St., Artesia, NM 88210<br>Phone:(575) 748-1283 Fax:(575) 748-9720<br><b>District III</b><br>1000 Rio Brazos Rd., Aztec, NM 87410<br>Phone:(505) 334-6178 Fax:(505) 334-6170<br><b>District IV</b><br>1220 S. St Francis Dr., Santa Fe, NM 87505<br>Phone:(505) 476-3470 Fax:(505) 476-3462                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br>Permit 193816<br>WELL API NUMBER<br>30-025-41875<br>5. Indicate Type of Lease<br>P<br>6. State Oil & Gas Lease No.<br>7. Lease Name or Unit Agreement Name<br>WEST BLINEBRY DRINKARD<br>UNIT |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------|-----------------------|-----------|------------------------------------------------|-------------------------------------------|----------------------------------------|---------------------------------------|----------------------------------------------|------------------------------------------|--------------------------------------------------|-------------------------------------------|-----------------------------------------------|-----------------------------------------|--------------------------------------------|-----------|--------------|------|-------------------------------------------------------------------|----|-------|----|-----|--|------|-----|------|---|--|------|--|--|----------|------|--|-------|-----|----|-----|--|------|------|---|---|--|------|--|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                              |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| 1. Type of Well:<br>O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               | 8. Well Number<br>211                                                                                                                                                                                                        |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| 2. Name of Operator<br>APACHE CORP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               | 9. OGRID Number<br>873                                                                                                                                                                                                       |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| 3. Address of Operator<br>303 Veterans Airpark Lane, Suite 3000, Midland, TX 79705                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               | 10. Pool name or Wildcat                                                                                                                                                                                                     |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| 4. Well Location<br>Unit Letter <u>A</u> : <u>510</u> feet from the <u>N</u> line and feet <u>1310</u> from the <u>E</u> line<br>Section <u>9</u> Township <u>21S</u> Range <u>37E</u> NMPM _____ County <u>Lea</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               |                                                                                                                                                                                                                              |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3467 GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               |                                                                                                                                                                                                                              |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                                                                                                                                                                                                                              |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width:100%;"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/></td> </tr> </table> |                                                                                                                                                                               |                                                                                                                                                                                                                              | NOTICE OF INTENTION TO:                   |          | SUBSEQUENT REPORT OF: |           | PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE OF PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> |           | Other: _____ |      | Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/> |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               | SUBSEQUENT REPORT OF:                                                                                                                                                                                                        |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PLUG AND ABANDON <input type="checkbox"/>                                                                                                                                     | REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                       | ALTER CASING <input type="checkbox"/>     |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| TEMPORARILY ABANDON <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CHANGE OF PLANS <input type="checkbox"/>                                                                                                                                      | COMMENCE DRILLING OPNS. <input type="checkbox"/>                                                                                                                                                                             | PLUG AND ABANDON <input type="checkbox"/> |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| PULL OR ALTER CASING <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MULTIPLE COMPL <input type="checkbox"/>                                                                                                                                       | CASING/CEMENT JOB <input type="checkbox"/>                                                                                                                                                                                   |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               | Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/>                                                                                                                                                            |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| 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.<br><br>See Attached<br>9/2/2014 Spudded well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               |                                                                                                                                                                                                                              |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| <b>Casing and Cement Program</b><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>String</th> <th>Fluid Type</th> <th>Hole Size</th> <th>Csg Size</th> <th>Weight lb/ft</th> <th>Grade</th> <th>Est TOC</th> <th>Dpth Set</th> <th>Sacks</th> <th>Yield</th> <th>Class</th> <th>1" Dpth</th> <th>Pres Held</th> <th>Pres Drop</th> <th>Open Hole</th> </tr> </thead> <tbody> <tr> <td>09/02/14</td> <td>Surf</td> <td></td> <td>11</td> <td>8.625</td> <td>24</td> <td>J55</td> <td></td> <td>1320</td> <td>450</td> <td>1.75</td> <td>C</td> <td></td> <td>2000</td> <td></td> <td></td> </tr> <tr> <td>09/09/14</td> <td>Prod</td> <td></td> <td>7.875</td> <td>5.5</td> <td>17</td> <td>J55</td> <td></td> <td>6950</td> <td>1200</td> <td>2</td> <td>C</td> <td></td> <td>2500</td> <td></td> <td></td> </tr> </tbody> </table>                                                                                                                       |                                                                                                                                                                               |                                                                                                                                                                                                                              | Date                                      | String   | Fluid Type            | Hole Size | Csg Size                                       | Weight lb/ft                              | Grade                                  | Est TOC                               | Dpth Set                                     | Sacks                                    | Yield                                            | Class                                     | 1" Dpth                                       | Pres Held                               | Pres Drop                                  | Open Hole | 09/02/14     | Surf |                                                                   | 11 | 8.625 | 24 | J55 |  | 1320 | 450 | 1.75 | C |  | 2000 |  |  | 09/09/14 | Prod |  | 7.875 | 5.5 | 17 | J55 |  | 6950 | 1200 | 2 | C |  | 2500 |  |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | String                                                                                                                                                                        | Fluid Type                                                                                                                                                                                                                   | Hole Size                                 | Csg Size | Weight lb/ft          | Grade     | Est TOC                                        | Dpth Set                                  | Sacks                                  | Yield                                 | Class                                        | 1" Dpth                                  | Pres Held                                        | Pres Drop                                 | Open Hole                                     |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| 09/02/14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Surf                                                                                                                                                                          |                                                                                                                                                                                                                              | 11                                        | 8.625    | 24                    | J55       |                                                | 1320                                      | 450                                    | 1.75                                  | C                                            |                                          | 2000                                             |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| 09/09/14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Prod                                                                                                                                                                          |                                                                                                                                                                                                                              | 7.875                                     | 5.5      | 17                    | J55       |                                                | 6950                                      | 1200                                   | 2                                     | C                                            |                                          | 2500                                             |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| 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 been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                                                                                                                                                                                              |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| SIGNATURE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               | TITLE _____                                                                                                                                                                                                                  |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| Type or print name _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Electronically Signed Bobby Smith                                                                                                                                             | E-mail address bobby.smith@apachecorp.com                                                                                                                                                                                    |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               | Telephone No. _____                                                                                                                                                                                                          |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| 10/8/2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                               | 432-818-1020                                                                                                                                                                                                                 |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |
| <b>For State Use Only:</b><br>APPROVED BY: _____ TITLE _____<br>Paul Kautz Geologist<br>DATE _____<br>10/9/2014 7:56:50 AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               |                                                                                                                                                                                                                              |                                           |          |                       |           |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |       |    |     |  |      |     |      |   |  |      |  |  |          |      |  |       |     |    |     |  |      |      |   |   |  |      |  |  |

SPUD 9/2/2014 DRLG F/ 52' TO 1320'; CIRC TO TOH; RUN CSG

9/2/2014 CSG STRNG @ 1320'; HOLE SZ 11", STRNG SZ 8.625, TYPE J-55, WT 24, ST&C W/ FLOAT COLLAR & GUIDE SHOE; FLOAT COLLAR @ 1270'; SURF CSG PRESSURE TEST: 2000 PSI/ 30 MIN. - OK. RAN 9 CENTRALIZERS

9/3/2014 LEAD: 250 SKS OF CMT, CL C, 13.5 PPG; YIELD 1.75, TAIL: 200 SKS OF CMT, CL C, 14.8 PPG, YIELD 1.34; CIRC 99 SKS TO SURFACE.

9/3/2014 DRILL OUT - CMT & SHOE TRACK F/1245' - T/1320'; TAG - PLUG @1265'; SHOE 1320'

9/3-9/8 DRL F/ 1320' - T/6950' TD. CIR & COND HOLE. RU LOGGERS

9/9/2014 CSG STRNG @ 6950'; HOLE SZ 7.875, STRNG SZ 5.5, TYPE L80, WT 17.0, FC @ 6905'; CMT: LEAD 900 SKS, CL C, PPG 12.6; YIELD 2.0, TAIL 300 SKS, CL C, PPG 14.20; YLD 1.3; CIRC 125 SKS TO SURF. RAN 41 CENT; PROD CSG PRESSURE TEST: 2500 PSI/ 30 MIN. - OK

9/9/2014 - RR

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

Comments  
Permit 193816

**DRILLING COMMENTS**

|                                                                            |                |          |
|----------------------------------------------------------------------------|----------------|----------|
| Operator:<br>APACHE CORP<br>303 Veterans Airpark Lane<br>Midland, TX 79705 | OGRID:         | 873      |
|                                                                            | Permit Number: | 193816   |
|                                                                            | Permit Type:   | Drilling |

**Comments**

| Created By                            | Comment | Comment Date |
|---------------------------------------|---------|--------------|
| There are no Comments for this Permit |         |              |