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schweit d. Ossau Ta Assessmentste Dieter					٤				Form C-103	
ubmit 1 Copy To Appropriate Distri	ct Office	t Office State of New Mexico					Revised August 1, 2011			
listrict I	Energy, Minerals and Natural Resources					WELL API NO.				
625 N. French Dr., Hobbs, NM 8824							30-015-22750			
11 A. First St., Artesia, NM 88210		UIL C	UNSERVA		VISION	5. Indicat	e Type of Lea	se		
iisrtict III 000 Rio Brazos Rd. Aztec, NM 874	¥10		1220 South S	t. Francis E	Dr.		STATE 🖸	FE FE	E	
istrict IV			Santa Fe, I	and the second	t	6. State C	oil & Gas Lea	se NO.	·	
220 S. St. Francis Dr., Santa Fe, N	IM 87505		÷		2 1 1				· · ·	
			RTS ON WEL			7. Lease	Name or Unit	Agreem	ent Name	
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A IFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH						Empire Abo Unit "I"				
ROPOSALS.)							8. Well Number			
	Gas Well Other						251			
Name of Operator	Apache Corporation						9. OGRID Numer 873			
Address of Operator						10. Pool Name				
303 Veterans	<u>Airpark L</u>	ane, Ste. 300	0, Midland, T	X 79705		<u> </u>	Empir	e Abo		
· Well Location	D	: 660	feet from the	N	line and {	150	feet from th	Ŵ	line	
Section	5	Township	18S	Range	28E	NMPM		County	Eddy	
	1	1. Elevation (S	how whether D	R, RKB,RT, 73' GR	GR, etc.)					
<u></u>		· · ·		13 GK	····	· · · ·				
12	2. Check	Appropriate E	lox To Indicate	e Nature of	Notice, Re	port, or O	ther Data			
NOT		ITENTION TO).).			SUBSE	QUENT REP		Ξ.	
PERFORM REMEDIAL WORK			D ABANDON	2	REMEDIAL				, .	
EMPORARILY ABANDON		CHANGE		ģ	COMMENC					
VULL OR ALTER CASING		MULTIPLE	E COMPL		CASING/CI		B.	<u> </u>		
SOWININGLE SOMININGLE					P AND A	CHOING	-			
)THER:					OTHER:]		
13. Describe proposed or c starting any proposed work.)										
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Apache Corporation requ	ests an e	xtension on	the prior app	roved plu	gging proc	edure tha	t expired 4/	24/13. F	lease grant	
• • • • • • • • • • • • • • • • • • •	an add	itional 90 da	ys to comple	te the wor	k and subn	nit the fin	al.		-	
:						,				
Extension gra		1.00		4.00	15/21	12013				
Extension sta	nted	: Agen	soed m	nee	10/01	10013		•		
	·.	•								
Spud Date:				Rig Relea	se Date:					
					:					
hereby certify that the information	above is tru	ie and complete	to the best of my	knowledge a	nd helief		· · · · · · · · · · · · · · · · · · ·			
	1	Ω Π.:.			:			•		
SIGNATURE	Suin	n Buchs	TITLE	Recla	amation Fo	reman	_DATE		5/7/13	
when or wrint name	Gule	n Burks	E mail add	auinn hu	rks@apach	Adora aon		120	556-0112	
ype or print name	000				INSWAPACH	ecorp.con		432	-556-9143	
VPPROVED BY:	5/1	VILL	TITLE	/ Ust	Hau	ICU VIS	ADATE	5/14	2013	
Conditions of Approval (if ar	iy):	<u> </u>		<u>, , , , , , , , , , , , , , , , , , , </u>						
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