Submit I Copy Office	To Appropriate District		State of New M					Form C		
District I - (575	5) 393-6161	Energy, M	Inerals and Nat	ural R	esources	NACT A DI	NO	Revised July 18	, 2013	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283						WELL API NO. 30-015-42556				
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION						5. Indicate Type of Lease				
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410						STATE FEE				
District IV – (505) 476-3460 Santa Fe, NIVI 8/505						6. State Oil & Gas Lease No. X0-0647-0405				
1220 S. St. Francis Dr., Santa Fe, NM 87505										
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 SUCH PROPOSALS.)						OUTLAW STATE [313568] 8. Well Number #006				
1. Type of Well: Oil Well Gas Well Other AMENDED								6		
Name of Operator Apache Corporation							9. OGRID Number 873			
3. Address of Operator							10. Pool name or Wildcat [96830] ARTESIA; GLORIETA-YESO (O)			
	s Airpark Lane, Suite 10)00 Midland, I X 	C 79705			[96830] AR	TESIA; GL	ORIETA-YESU	(0)	
4. Well Loc	0	990	s a FSI		165	ი - ი		FEL	15	
	it Letter:_		from the FSL		line and 1650		eet from the		_line	
Sec	etion 29		nship 17S R (Show whether DI	lange 2		NMPM	<u> </u>	ounty EDDY	-	
		11. Elevation	3701' GL	t, KKD	, K1, OK, eic.)	'				
TEMPORAF PULL OR AI DOWNHOLI CLOSED-LO OTHER: 13. Desc of st prop Apache comple	NOTICE OF IN REMEDIAL WORK RILY ABANDON TER CASING COMMINGLE COMMINGL	PLUG AND AE CHANGE PLA MULTIPLE CO	BANDON	OTH pertin.C. Fo	MEDIAL WORI MMENCE DRI SING/CEMENT HER: AMEND ent details, and r Multiple Cor	LLING OPNS T JOB ED I give pertine npletions: A	☐ ALT	TERING CASING IND A Including estimate Pore diagram of	☑ ed date	
Spud Date:	12/26/2014		Rig Release D	Pate:	12/31/2014		NM	OIL CONSEI ARTESIA DISTR MAY 1 4 20 RECEIVED	15	
				•						
I hereby certi	fy that the information	above is true and	complete to the l	nest of	my knowledge	e and helief				
Thereby certi	ry that the information	above is true and	a complete to the i	Jest of	my knowiedge	c and ocher.				
SIGNATURE	Zmh.	Julli	TITLE Reg A	nalyst			DATE_	3/12/	15	
Type or print	name Emily Folis		F-mail addrag	ee. Em	ily.follis@apach	ecorp.com	риом	· / E: (432) 818-18	01	
For State Us		\6015	E-man addres) <u></u>	1DM	- 32 130-111	_ rhuni) ,		
APPROVED		XXX	title	HA	\$ Spe	w-	DATE_	5/14/15		
Conditions of	Approval (if any):				,			/ (