Office Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	ON CONSTRUCTION DAMAGE	WELL API NO. 30-015-42559
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		X0-0647-0405
SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	OUTLAW STATE [313568]
1. Type of Well: Oil Well	Gas Well  Other AMENDED	8. Well Number #009
Name of Operator Apache Corporation		9. OGRID Number 873
3. Address of Operator		10. Pool name or Wildcat
303 Veterans Airpark Lane, Suite 1	000 Midland, TX 79705	[96830] ARTESIA; GLORIETA-YESO (O)
4. Well Location		
Unit Letter:	feet from the FSL line and 2	feet from the FEL line
Section 29	Township 17S Range 28E	NMPM County EDDY
	11. Elevation (Show whether DR, RKB, RT, GR, e	etc.)
	3688' GL	
12. Check	Appropriate Box to Indicate Nature of Notic	e, Report or Other Data
		•
PERFORM REMEDIAL WORK		JBSEQUENT REPORT OF: DRK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON	_	DRILLING OPNS. P AND A
PULL OR ALTER CASING		
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		NDED.
OTHER:	OTHER: AME pleted operations. (Clearly state all pertinent details,	
	ork). SEE RULE 19.15.7.14 NMAC. For Multiple (	
proposed completion or re		
Apache completed the following work	c	
03/31/2015 - FLITE WELL SERV FR	AC GLORIETA/YESO 3419-3752' WTR 2182 BBL=(2	2110 BBL CROSSLINK & 72 BBL LINEAR GEL)
SAND 154,402 #	NO OCONICTA 1200 0410-0102 WITE 2102 BBC-(2	THO BBE CHOOSEINK & 12 BBE LINEAR GEE)
		NM OIL CONSERVATION
		ARTESIA DISTRICT
	•	MAY 1 4 2015
		RECEIVED
Sand Dates	Di Di Di	
Spud Date: 01/17/2015	Rig Release Date: 01/23/2019	5
I hereby certify that the information	rabove is true and complete to the best of my knowle	edge and belief.
		( ,
SIGNATURE / MANY -	TITLE Reg Analyst	5/1/15
SIGNATURE / ///	TILE Neg Alldiyst	DATE 0/ 11// 5
Type or print name Emily Follis	E-mail address: Emily.follis@apa	achecorp.com PHONE: (432) 818-1801
For State Use Only	1	
APPROVED BY:	LOOP TITLE JOST AL MONI	JON DATE 5/14/15
Conditions of Approval (if any):	in the feet	DATE 3/1/13
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