

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (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.)		WELL API NO. 30-015-40876
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Salt Water Disposal		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Apache Corporation		6. State Oil & Gas Lease No. E0-7075-001
3. Address of Operator 303 Veterans Airpark Lane, Suite 1000 Midland, TX 79705		7. Lease Name or Unit Agreement Name Geronimo 28 State SWD
4. Well Location Unit Letter I, 2135 feet from the South line and 690 feet from the East line Section 28 Township 17S Range 28E NMPM County Eddy		8. Well Number 002
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3685 GL		9. OGRID Number 873
		10. Pool name or Wildcat SWD; Wolfcamp-Cisco (96136)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: Repair Tubing Leak <input checked="" type="checkbox"/>		OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

This well is schedule for annual MIT testing, Wednesday, January 27th, 2016. Due to indications of a tubing leak, the well will be shut in until tubing can be pulled and replaced. An MIT will be scheduled with the OCD as soon as repairs are made.

Spud Date:

03/28/2013

Rig Release Date:

04/18/2013

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Isabel Hudson

TITLE Reg Analyst

DATE 01/21/2016

Type or print name Isabel Hudson

E-mail address: Isabel.Hudson@apachecorp.com

PHONE: (432) 818-1142

For State Use Only

APPROVED BY:

Debra L. Rae

TITLE COMPLIANCE OFFICER

DATE

1/21/16

Conditions of Approval (if any):