Submit 1 Copy To Appropriate District Office	State of New Me			Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natu	iral Resources	WELL API NO.	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OH 6037077777	DUUGGG	30-015-01536	
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	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87	/505	6. State Oil & Gas Lea	ase No.
	CES AND REPORTS ON WELLS		7. Lease Name or Uni	t 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.)			Empire Abo Unit	
1. Type of Well: Oil Well Gas Well Other			8. Well Number _{041A}	
2. Name of Operator Apache Corporation			9. OGRID Number 873	
3. Address of Operator			10. Pool name or Wildcat	
303 Veterans Airpark Lane, Suite 1000 Midland, TX 79705			Empire; Abo (22040)	
4. Well Location	1650 feet from the South	line and 660	feet from the	West
Unit Letter : Section 25	ieet from the	inge 28E		unty Eddy
Section 25	11. Elevation (Show whether DR,			unty Ludy
12. Check A	Appropriate Box to Indicate N	ature of Notice.	Report or Other Dat	a
			•	
			SEQUENT REPOR	₹1 OF: ERING CASING □
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR				ND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN		
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM		OTHER Tubina	-:	
OTHER:	leted operations. (Clearly state all p	OTHER: Tubing		cluding estimated date
	rk). SEE RULE 19.15.7.14 NMAC			
proposed completion or reco		•	•	Ü
pache has performed the following w	ork:			
1/14/2016 MIRUSU. MIRU pump truc g. End of tbg 6252'. Swapped Lufkin				H reran w/ 2-7/8" J-55
			3	NM OIL CONSERVAT ARTESIA DISTRICT
				DEC 01 2016
				RECEIVED
Spud Date:	Rig Release Da	nte:		
Spud Date.	Rig Release Da	lic.		
hereby certify that the information a	above is true and complete to the bo	est of my knowledg	e and belief.	
\cap \cap	1			
SIGNATURE Sabel	TITLE Regula	tory Analyst	DATE_	11/29/2016
Type or print name, Isabel Hudson	D	. Isabel.hudson@ap.	achecorp.com prioni	E: (432) 818-1142
Type or print name Isabel Hudson For State Use Only	E-mail address	<u></u>	PHONE	(402) 010-1142
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APPROVED BY: Wen Conditions of Approval (if any):	Thank TITLE Due	Mper Spec	- (ldu DATE_	12-13-16
(if ally).	•	V		