Submit 1 Copy To Appropriate District Office ¹ <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	State of New Mexico Minerals and Natural Resources	Form C-103 Revised July 18, 2013 WELL API NO.
District II - (575) 748-1283 OIL CO 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 12 1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460 12 120 S. St. Francis Dr., Santa Fe, NM 87505 87505 12	ONSERVATION DIVISION 20 South St. Francis Dr. Santa Fe, NM 87505	30-015-22637 5. Indicate Type of Lease STATE ✓ FEE 6. State Oil & Gas Lease No. 309164
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.)		7. Lease Name or Unit Agreement Name EMPIRE ABO UNIT
1. Type of Well: Oil Well 🔽 Gas Well 🗌 Other		8. Well Number 212
2. Name of Operator Apache Corporation		9. OGRID Number 873
3. Address of Operator		10. Pool name or Wildcat
		EMPIRE;ABO 224040
4. Well Location Unit Letter E : 2450 feet from the NORTH line and 400 feet from the WEST line		
Section 06 To	wnship 18S Range 28E	NMPM County EDDY
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3650'		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION	ABANDON C REMEDIAL WO	RILLING OPNS. P AND A
 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. 		
Apache has TA'd the wellbore and request 5 year app	proval+	
set cibp @5535+35' of cement over perfs at 5588-6125 TOC tagged @5530'		RECEIVED
wellbore diagram and chart attached		JUN 0\5 2019
Temporary Abandaned Status approved		1014 U/U 2013
Las Reported Temporary Abandaned Status approved Unal 5-1-2023 DISTRICT IL-ARTESIA O.C.D. Production 5-1-2018		
Spud Date: 12/4/1978	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE alicia fulton	TITLE Sr. Staff Reg Analyst	DATE 6/4/2019
Type or print name Alicia Fulton	E-mail address: alicia.fulton@apa	
For State Use Only		
APPROVED BY: Delta Conditions of Approval (if any):	TITLE Compliance	Alice DATE 5-6-19
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