

WELL API NO	
Multiple	
5	Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6	State Oil & Gas Lease No
7	Lease Name or Unit Agreement Name
Multiple	
8	Well Number Multiple
9	OGRID Number
873	
10	Pool name or Wildcat
_____ feet from the _____ line	
NMPM	County

## 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)

1. Type of Well ☐ Oil Well ☐ Gas Well ☐ Other

2 Name of Operator  
Apache Corporation

3 Address of Operator  
303 Veterans Airpark Lane, Suite 3000 Midland, TX 79705

#### 4 Well Location

Unit Letter \_\_\_\_\_ feet from the \_\_\_\_\_ line and \_\_\_\_\_ feet from the \_\_\_\_\_ line  
 Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ NMPM \_\_\_\_\_ County \_\_\_\_\_

11 Elevation (Show whether DR, RKB, RT, GR, etc )

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	MULTIPLE COMPL	<input type="checkbox"/>
DOWNHOLE COMMINGLE	<input type="checkbox"/>		

## SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPNS	<input type="checkbox"/>	P AND A	<input type="checkbox"/>
CASING/CEMENT JOB	<input type="checkbox"/>		

OTHER. ☐

OTHER CHANGE OF OIL TRANSPORTER ☒

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 1103 For Multiple Completions Attach wellbore diagram of proposed completion or recompletion.

Please see attached for list of wells changing oil transporter effective 6/1/2012

**HOBBS OCD**

JUN 04 2012

RECEIVED

Spud Date

\_\_\_\_\_

Rig Release Date

\_\_\_\_\_

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

SIGNATURE Kelsa Holland TITLE Sr Staff Engr Tech DATE 05/31/2012

Type or print name Reesa Holland E-mail address Reesa.Holland@apachecorp.com PHONE 432/818-1062

**For State Use Only**

APPROVED BY / / / / / TITLE / / / / / DATE / / / / /

Conditions of Approval (if any)

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Transporter changes are recorded only in the C-115 filing processes. Sundries / C104's should not be filed to accommodate changes.