Submit 3 Copies To Appropriate District Office State of New Mexico	Form C-103
<u>District 1</u> Energy, Minerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240 District II	WELL API NO. 30-015-39011
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	STATE S FEE
District IV Santa Pe, NIM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Šanta Fe, NM 87505	B0-2071-0032
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit 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: Soil Well Gas Well Other:	8. Well Number 419
2. Name of Operator Apache Corporation	9. OGRID Number 873
3. Address of Operator	10. Pool name or Wildcat
303 Veterans Airpark Lane, Suite 3000 Midland, TX 79705	Empire Abo
4. Well Location	
Unit Letter O : 1190 feet from the South line and 1320 feet from the East line	
Section 31 Township 17S Range 28E	NMPM County Eddy
11. Elevation (Show whether DR, RKB, RT, GR, etc.	(i)
3696' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐	
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMEN	NT JOB
DOWNHOLE COMMINGLE	
OTHER: TA   OTHER:	
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.	
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lemporary Abandonea status Approved	
$\cdot$	
Ran MIT test, see attached chart. Requesting TA status of well for 2 years.    1	
m 7 9/21/12	
<u> </u>	
Spud Date: 10/11/2011 Rig Release Date: 10/21/2011	
I hereby certify that the information above is true and complete to the best of my knowled	ge and belief.
SIGNATURE TITLE Regulatory Tech	DATE 11/15/2012
Type or print name Fatima Vasquez E-mail address: Fatima.Vasquez@a	pachecorp.com PHONE: (432) 818-1015
For State Use Only	reflore, (102) 010 1010
APPROVED BY: PULLED NAE TITLE COMPLIANTS OFFICER DATE 4/28/12 Conditions of Approval (if any):	