

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

District I
625 N. French Dr., Hobbs, NM 88240

District II
11 A. First St., Artesia, NM 88210

District III
000 Rio Brazos Rd. Aztec, NM 87410

District IV
220 S. St. Francis Dr., Santa Fe, NM 87505

WELL API NO.

30-015-21626

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease NO.

7. Lease Name or Unit Agreement Name

Empire Abo Unit "J"

8. Well Number

231

9. OGRID Numer

873

10. Pool Name

Empire Abo

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

Name of Operator

Apache Corporation

Address of Operator

303 Veterans Airpark Lane, Ste. 3000, Midland, TX 79705

Well Location

Unit Letter **G** : **1361** feet from the **N** line and **2531** feet from the **E** line
 Section **6** Township **18S** Range **28E** NMPM County **Eddy**

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

3664' KB

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

DOWNHOLE COMMINGLE ☐

PLUG AND ABANDON ☒

CHANGE PLANS ☐

MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING/CEMENT JOB ☐

ALTERING CASING ☐

P AND A ☐

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 or proposed completion or recompletion.

Apache Corporation requests an extension on the prior approved plugging procedure that expired 4/16/13. Please grant an additional 90 days to complete the work and submit the final.

Extension granted: Approved until 12/31/2013

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

Guinn Burks

TITLE

Reclamation Foreman

DATE

5/7/13

Type or print name

Guinn Burks

E-mail add.

guinn.burks@apachecorp.com

PHONE:

432-556-9143

For State Use Only

APPROVED BY:

JD Wade

TITLE

Dr. J. S. Sorenson

DATE

5/14/2013

Conditions of Approval (if any):