

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

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.)		WELL API NO. 30-015-03192
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Apache Corporation		6. State Oil & Gas Lease No.
3. Address of Operator 303 Veterans Airpark Lane, Suite 1000 Midland, TX 79705		7. Lease Name or Unit Agreement Name Empire Abo Unit (309164)
4. Well Location Unit Letter <u>I</u> : 1980 feet from the <u>South</u> line and 990 feet from the <u>East</u> line Section <u>30</u> Township <u>17S</u> Range <u>29E</u> NMPM County <u>Eddy</u>		8. Well Number <u>048</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3642 GL		9. OGRID Number 873
		10. Pool name or Wildcat Empire; Abo (22040)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: Repair Tubing Leak <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

This well was scheduled for annual MIT testing, Wednesday, January 27th, 2016. Due to indications of a tubing leak, the well was shut in until tubing can be pulled and replaced. An MIT will be scheduled with the OCD as soon as repairs are made.

NM OIL CONSERVATION
ARTESIA DISTRICT
FEB 10 2016
RECEIVED

Spud Date:

10/18/1961

Rig Release Date:

11/12/1961

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

SIGNATURE

Isabel Hudson

TITLE Reg Analyst

DATE 01/29/2016

Type or print name Isabel Hudson

E-mail address: Isabel.Hudson@apachecorp.com

PHONE: (432) 818-1142

For State Use Only

APPROVED BY:

Rebecca / raw

TITLE COMPLIANCE OFFICER

DATE 2/12/16

Conditions of Approval (if any):