

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd. Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED
JUN 21 2008
ARTESIA O.C.D.
NEW MEXICO CONSERVATION DIVISION

WELL API NO. 30-015-39011
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. BO-2071-0032
7. Lease Name or Unit Agreement Name Empire Abo Unit
8. Well Number 419
9. OGRID Number 873
10. Pool Name Empire Abo Unit

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator Apache Corporation
3. Address of Operator 303 Veterans Airpark Ln., Ste. 3000, Midland, TX, 79705

4. Well Location Unit Letter O : 1190 feet from the S line and 1320 feet from the E line Section 31 Township 17S Range 28E NMPM County Eddy	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3696' GR
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12. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A

- ☒ All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.
- ☒ Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.
- ☒ A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the

OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER / QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. ALL INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.

- ☒ The location has been leveled as nearly as possible to the original ground contour and has been cleared of all junk, trash, flow lines and other production equipment. *Liner Plastic Needs to be removed - Flow Lines - Trash*
- ☒ Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.
- ☒ If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from the lease and well location. *Power Poles & Lines - Location Signs*
- ☒ All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)
- ☒ All other environmental concerns have been addressed as per OCD rules.
- ☒ Pipelines and flow lines have been abandoned in accordance with 19.15.9.714.B(4)(b) NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.

When all work has been completed, return this form to the appropriate District office to schedule an inspection. If more than one inspection has to be made to a P&A location because it does not meet the criteria above, a penalty may be assessed.

SIGNATURE <u><i>Guinn Burks</i></u>	TITLE <u>Sr. Reclamation Foreman</u>	DATE <u>5/31/18</u>
TYPE OR PRINT NAME <u>Guinn Burks</u>	PHONE: <u>432-556-9143</u>	
For State Use Only DENIEL	DENIED	DATE <u>6-21-18</u> <u>GC</u>
APPROVED BY: _____	TITLE _____	
Conditions of Approval (if any): _____		