Subzit Copies to Approriate District Office

State of New Mexico
Energy, Minerals and Natural Resouces

FORM C-103
Revised March 25, 1999

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

DISTRICT II
811 South First, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

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

WELL API NO.
30-025-06772

5. Indicate Type of Lease
☐ STATE   ☑ FEE

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

Northeast Drinkard Unit

1. Type of Well:
☐ OIL WELL   ☐ GAS WELL   ☑ OTHER   (INJECTION WFX-759)

2. Name of Operator
Apache Corporation

8. Well No.
813W

3. Address of Operator
6120 S. Yale, Suite 1500 Tulsa, Oklahoma 74136-4224

9. Pool name or Wildcat
Eunice Blinebry-Tubb-Drinkard-North

4. Well Location

Unit Letter	F	:	1980	Feet From The	North	Line and	1980	Feet From The	West	Line
Section	23	Township	21S	Range	37E	NMPM	Lea	County		

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3389'   GR

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

NOTICE OF INTENTION TO:

☐ Perform Remedial Work   ☐ Plug and Abandon

☐ Temporarily Abandon   ☐ Change Plans

☐ Pull or Alter Casing

☐ Other

SUBSEQUENT REPORT OF:

☐ Remedial Work   ☐ Altering Casing
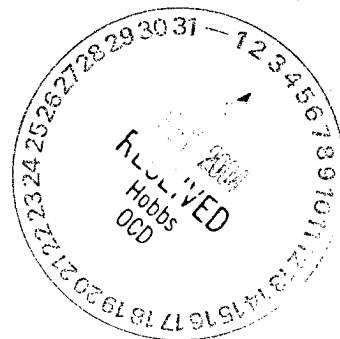
☐ Commence Drilling Operations   ☐ Plug and Abandonment

☑ Casing Test and Cement Job

☐ Other

12. 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.

3/31/2004   Ran C.I.T. Chart is attached.

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

SIGNATURE _____   TITLE   Sr. Engineering Tech.   DATE   4/28/2004

TYPE OR PRINT NAME   Kara Coday   TELEPHONE NO.   918-491-4957

(This space for State Use)

APPROVED BY _____   TITLE _____ OC FIELD REPRESENTATIVE II/STAFF MANAGER   DATE   MAY 1 1 2004

CONDITIONS OF APPROVAL, IF ANY