Submit 3 Copies to Approriate District

•	٠.	fi.	~	

State of New Mexico

Office	Energy, Minerals and Nati	iral Resouces				
<u>DISTRICT I</u>					FORM	
1625 N. French Dr., Hobbs, NM 88240		_		R	evised March 25	, 1999
<u>DISTRICT II</u>	OIL CONSERVATION	DIVISION	WELL API NO.			
811 South First, Artesia, NM 88210	1220 South St. France	is Drive	30-025-	-10296		
DISTRICT III	Santa Fe, NM 87	505	5. Indicate Type of L	ease		
1000 Rio Brazos Rd., Aztec, NM 87410				STATE	✓ FEE	
DISTRICT IV			6. State Oil & Gas Le	ase No.		
1220 South St. Francis Dr., Santa Fe, NM 87505						
SUNDRY NOT	ICES AND REPORTS ON WELI	LS				
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC			7. Lease Name or Un	it Agreement Nam	ne	
PROPOSALS.)				EW W	⁷ alden	
Type of Well:						
☑ OIL WELL	GAS WELL OTHER					
2. Name of Operator			8. Well No.			
Apache Corporation				1		
3. Address of Operator			9. Pool name or Wild	cat	C11 . 1-	
6120 South Yale, Suite 1500 Tuls 4. Well Location	sa, Oklahoma 74136-4224 (918) 491-4957	Bruns	07	Ellenbur	<u>9er</u>
	909 Feet From The South	Line and 1909	Feet From The	West	Line	7
Section 15 Township	22S Range 37	E NMPM	Lea	County		
	10. Elevation (Show whether DF, RKB, RT	', GR, etc.)				
	3402 DF					
11.	Check Appropriate Box to	Indicate Nature of Notice, F	Report, or Other l	Data		
NOTICE OF INTEN	TION TO:	SIIRS	FOURNT PE	PORT OF		

Remedial Work

☑ Other

Commence Drilling Operations

Casing Test and Cement Job

T/A'd - Casing Test

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.

3/26/2004

Perform Remedial Work

☐ Temporarily Abandon

Pull or Alter Casing

Other

Ran M.I.T. test to maintain T/A'd status. Chart is attached.

Plug and Abandon

Change Plans



☐ Altering Casing

☐ Plug and Abandonment

This Approval of Temporary 3/Abandonment Expires

I hereby certify that the information above is true and complete to the best of my knowledge and belief.				····
SIGNATURE SIGNATURE SIGNATURE	э.пт	Sr. Engineering Technician	DATE	4/14/2004
TYPE OR PRINT NAME Kara Coday		TELEPHOI	NE NO.	918-491-4957
(This space for State Use)	LD REPRES	ENTATIVE II/STAFF MANAGER		
APPROVED BY Harry D. Whole		DATÉ		
CONDITIONS OF APPROYAL, IF ANY:		M	AY 1	1 2004

