

Office

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

State of New Mexico  
Energy, Minerals and Natural Resources

## OIL CONSERVATION DIVISION

1220 South St. Francis Drive  
Santa Fe, NM 87505FORM C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-06522
1. Type of Well: <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER    Injection		5. Indicate Type of Lease <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE
2. Name of Operator Apache Corporation		6. State Oil & Gas Lease No.
3. Address of Operator 6120 South Yale, Suite 1500 Tulsa, Oklahoma 74136-4224		7. Lease Name or Unit Agreement Name Northeast Drinkard Unit
4. Well Location Unit Letter <u>K</u> : <u>3226</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>21S</u> Range <u>37E</u> NMPM <u>Lea</u> County		8. Well No. 206
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3474' GR		9. Pool name or Wildcat Eunice North Blinebry-Tubb-Drinkard

11.

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

## NOTICE OF INTENTION TO:

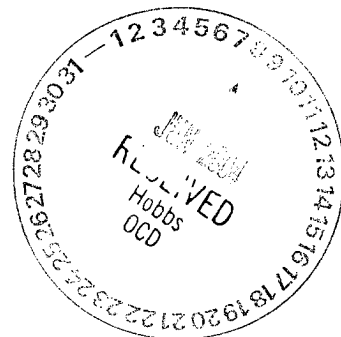
## SUBSEQUENT REPORT OF:

- ☐ Perform Remedial Work    ☐ Plug and Abandon  
☐ Temporarily Abandon    ☐ Change Plans  
☐ Pull or Alter Casing  
☐ Other

- ☐ Remedial Work    ☐ Altering Casing  
☐ Commence Drilling Operations    ☐ Plug and Abandonment  
☐ Casing Test and Cement Job  
☒ Other    MIT

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.

5/13/2004    Ran Casing Integrity Test. Chart attached.



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

SIGNATURE

Kara Coday

TITLE

Sr. Engineering Technician

DATE

5/25/2004

TYPE OR PRINT NAME

Kara Coday

TELEPHONE NO.

918-491-4957

(This space for State Use)

APPROVED BY

Hanyu W. Wink

FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

JUN 14 2004

CONDITIONS OF APPROVAL, IF ANY:

6 P.M. 7 8 9

NEDU #206  
5-13-04

VISTA Services  
60 min. Timer  
David Walen

MIDNIGHT

1 2

3 4

6 A.M.

7

8

9

10

11

NOON

1

2

3

4

5

SHAPIRO CONTROLS CORPORATION  
BUFFALO, NEW YORK

BR 2221

Forgot  
Time on  
Turn

Start

End