

Submit 3 Copies to Appropriate District  
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 87505

FORM 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. 30-025-25008
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. 22503
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>E</u> : <u>2080</u> Feet From The <u>North</u> Line and <u>660</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. 105
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3478' GR		9. Pool name or Wildcat Eunice North Blinbry-Tubb-Drinkard

11.

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

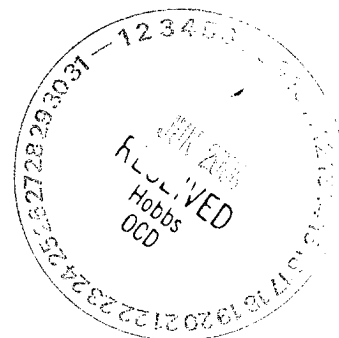
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> 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 Operations | <input type="checkbox"/> Plug and Abandonment |
| <input type="checkbox"/> Pull or Alter Casing  |   | <input type="checkbox"/> Casing Test and Cement Job   |   |
| <input type="checkbox"/> Other                 |   | <input checked="" type="checkbox"/> 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 Harry W. Wink TITLE OFFICE REPRESENTATIVE / STAFF MANAGER  
CONDITIONS OF APPROVAL, IF ANY: JUN 14 2004

