

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

October 13, 2009

RECEIVED

JUN 16 2011

HOBBSCOCD

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-025-26614
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name State W
8. Well Number 5
9. 873
10. Pool name or Wildcat Eumont Yates 7RQ

<p>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.)</p> <p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection well.</p> <p>2. Name of Operator Apache Corp.</p> <p>3. Address of Operator P O box Drawer D Monument NM 88265</p> <p>4. Well Location Unit Letter E : 1980 feet from the North line and 780 feet from the West line Section 30 Township 20S Range 37E NMPM Lea County</p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>		<p>7. Lease Name or Unit Agreement Name State W</p> <p>8. Well Number 5</p> <p>9. 873</p> <p>10. Pool name or Wildcat Eumont Yates 7RQ</p>
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12. 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 ☐ MULTIPLE COMPL ☐
 DOWNHOLE COMMINGLE ☐

OTHER: Extend TA status

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Intend to move in Gandy pump truck to perform MIT on casing. Will pressure up to 520 psi for 32 minutes.

Condition of Approval: Notify OCD Hobbs
office 24 hours prior to running MIT Test & Chart

Spud Date:

Rig Release Date:

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

SIGNATURE

TITLE Instrument Tech

DATE 5-25-11

Type or print name Jim Ellison

E-mail address: JD.Ellison@apacheccorp.com PHONE: 575-441-7734

For State Use Only

APPROVED BY

TITLE

DATE 6-16-2011

Conditions of Approval (if any):

JUN 20 2011