

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO.	30-025-06001
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name T. Anderson	
8. Well Number	1
9. OGRID Number	873
10. Pool name or Wildcat	Eumont; Yates-7 RVRs-Qn (Gas)

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)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other
2. Name of Operator Apache Corporation
3. Address of Operator 303 Veterans Airpark Lane, Ste. 3000, Midland, TX 79705
4. Well Location Unit Letter K : 1980 feet from the South line and 1980 feet from the West line Section 8 Township 20S Range 37E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3453' GR 3543'

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ N/A

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

INTENTION TO: PERFORM _____ TEMPORARY _____ PULL OF _____ OTHER: _____	AND ABANDON <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> C-103 (Subsequent Report of Well Plugging) <input type="checkbox"/> which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us/oed	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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13. Describe proposed work, including pertinent details, and give pertinent dates, including estimated date of starting any proposed work or recompletion. Completions: Attach wellbore diagram of proposed completion

6/13/11-----MIRU Plugging Equipment.

6/14/11-----Tag existing plug @ 2778' OCD advised to continue with P & A circ 100 bbls mlf. Spot 30 sx cmt from 2778' (198') Perf @ 2371' 6 5/8" pkr @ 1954' sqz 60 sx cmt.

6/15/11-----Test 6 5/8" csg to 1000 psi tag cmt plug @ 2085'. Perf @ 1200' pkr @ 883' sqz 60 sx tag @ 1050'. Have gas blow On 12 1/4" csg advised OCD to perf @ 850'. Perf @ 850' pkr @ 562' sqz 60 sx circ 6 5/8" x 8 5/8" csg. Tag cmt plug @ 687'. Still have gas on 12 1/4" csg advised by OCD to pump 150 sx cmt down 12 1/4" csg.

6/16/11-----No gas on 12 1/4" csg. Pressure test to 600 psi. Perf @ 250' pump 60 sx from 250' to surf 6 5/8" x 8 5/8". Sqz 30 sx into 12 1/4" csg. Cut off wellhead. Install dry hole marker.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE P & A Supervisor (Basic Energy Services) DATE 6-23-11

Type or print name: _____ E-mail address: _____ Telephone No. 432-563-3355
For State Use Only

APPROVED BY: [Signature] TITLE STAFF DATE 7-5-2011

Conditions of Approval (if any):