	Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103 June 19, 2008	
	District I 1625 N French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources	WELL API NO.	
	District II 1301 W. Grand Avc., Artesia, NM 88210	CONSERVATION DIVISION	30-025-06623 5. Indicate Type of Lease	1
	District III	1220 South St. Francis Dr.	STATE S FEE	
	District IV	SEP 28 2014 Fe, NM 87505	6. State Oil & Gas Lease No.	
	1220 S. St. Francis Dr , Santa Fe, NM 87505		BO-1732	
	SUNDRY NOT	CELLAND STRUCTION WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
	DIFFERENT RESERVOIR. USE "APPLIC	CATION FOR PERMIT" (FORM C-101) FOR SUCH	West Blinebry Drinkard Unit (WBDU)	
	PROPOSALS) 1. Type of Well: Oil Well	Gas Well ⊠ Other Injection ✓	8. Well Number 057	
	Name of Operator Apache Corporation	/	9. OGRID Number 873	
	3. Address of Operator		10. Pool name or Wildcat	
	303 Veterans Airpark Lane, Suite 30	00 Midland, TX 79705	Eunice; B-T-D, North (22900)	
	4. Well Location	660 feet from the North line and 66	60 feet from the East line	
	Unit Letter A : 6	Township 21S Range 37E	NMPM County Lea	
	Section 15	11. Elevation (Show whether DR, RKB, RT, GR, etc.		
		3475' GR		
	12. Check A	appropriate Box to Indicate Nature of Notice	, Report or Other Data	
	NOTICE OF IN	TENTION TO: SUI	BSEQUENT REPORT OF:	
	PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WO	RK ☐ ALTERING CASING ☐	
	TEMPORARILY ABANDON		RILLING OPNS. P AND A	
	PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/CEME	NT JOB	
	5011111022 00	_	_	
	OTHER: 13 Describe proposed or compl	OTHER:	nd 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.			
	This well showed communication well and RTI.	between the casing and tubing. Apache will perform	work to check for parted tubing, clean out the	
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. Dor Under	ground Injustion Courts I	2		
11.6.C.Do	ground Injection Control F	rogram Ivianuai		
	cker shall be set within or		Condition of Approval Notify OCD	Hobbs
reet of the	uppermost injection perfs	or open noie.	office 24 hours prior of running MI	
		i		
	j		<u> </u>	-
	Spud Date: 09/25/1948	Rig Release Date:		
	hereby certify that the information above is true and complete to the best of my knowledge and belief.			
	\cap	no i		
	SIGNATURE KOOSO D	TITLE Sr. Engr Tech	DATE 09/26/2011	
	Type or print name Reesa Holland	E-mail address: Reesa.Holland@ap	achecorp com PHONE: 432/818-1062	
	For State Use Only	21/5.00	ma 920 7-11	•
	APPROVED BY	PRECENTE STATE	DATE 1-18-401/	
	Conditions of Approval (if any):	The Oil Co.	nservation Division Must be notifi	ed `
	10-17		prior to the beginning of operations	
	1214	181-H 24 Hours P	To to the beginning of operations	· +
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WELL DATA SHEET Last Update: 3-/2-09

