Office	State of New Me	exico	Form		
<u>District I</u>	Energy, Minerals and Natu	ral Resources		13, 2009	
1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-025-05881		
District II 1301 W Grand Ave, Artesia, NM 88210 COLSERVATION DIVISION		5. Indicate Type of Lease			
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fran	ncis Dr.	STATE 🗌 FEE 🗹		
District IV	DEC 12 201\$anta Fe, NM 87	7505	6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505	HOBBSOCD				
SUNDRY NOT	TICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement	Name	
	OSALS TO DRILL OR TO DEEPEN OR PLU ICATION FOR PERMIT" (FORM C-101) FO			ĺ	
PROPOSALS)			J. W. Cooper F 8. Well Number 2		
1. Type of Well: Oil Well	Gas Well Other Injection wel	1.			
Name of Operator Apache Corp.			9. OGRID Number 873		
3. Address of Operator			10. Pool name or Wildcat		
P O box Drawer D Monument NM 88265			EUMONT YATES 7RQ		
4. Well Location					
Unit LetterD	:feet from the	line and	feet from the	line	
Section 3	Township 20S	Range 37E	NMPM Lea Cou	nty	
A. Carrida	11. Elevation (Show whether DR,	, RKB, RT, GR, etc.,			
12. Check	Appropriate Box to Indicate N	ature of Notice,	Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			NG □		
TEMPORARILY ABANDON		 -			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN		ΓJOB □	_		
DOWNHOLE COMMINGLE					
OTUED. Fideral TA -4-4	1	OTHER.			
OTHER: Extend TA status ☐	lyr.	OTHER:		Ц	
13. Describe proposed or com	pleted operations. (Clearly state all p	pertinent details, and	d give pertinent dates, including estim	ated date	
		C. For Multiple Cor	mpletions: Attach wellbore diagram o	of	
proposed completion or re	completion.				
Intend to move in Gandy pump true	Letond to make in Conduction to the conform MIT on against Will appropriate 520 and 5 a 22 miles to				
Intend to move in Gandy pump truck to perform MIT on casing. Will pressure up to 520 psi for 32 minutes.					
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			i for 32 minutes.		
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Condition office 2 Spud Date: I hereby certify that the information SIGNATURE Type or print name Jim Ellison For State Use Only	Rig Release Da TITLE Ins E-mail address	est & Chart ate: est of my knowledge strument Tech	e and belief. DATE / 2 - & checcorp.com_ PHONE:		
Condition office 2 Spud Date: I hereby certify that the information SIGNATURE Type or print name Jim Ellison	Rig Release Da	est & Chart ate: est of my knowledge strument Tech	e and belief. DATE / 2 - 8		