

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
HOBBS OGD 1220 South St. Francis Dr.
Santa Fe, NM 87505

FEB 13 2012

WELL API NO. 30-025-24822
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. NM-A-1469
7. Lease Name or Unit Agreement Name State "Q"
8. Well Number 5
9. OGRID Number 873
10. Pool name or Wildcat Monument - Paddock

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Apache Corporation	
3. Address of Operator 303 Veterans Airpark Lane, Ste. #3000, Midland, Tx. 79705	
4. Well Location Unit Letter O : 800 feet from the S line and 1980 feet from the E line Section 16 Township 20S Range 37E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3532' DF	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	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 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.

1/19/12 MIRU

1/20/12 Tagged existing CIBP @ 5082', mixed mud & circ 170 bbl to surface, spot 25 sx from 5080' to 4769', SIW.

1/23/12 Perf @ 3850', test w/no rate @ 1400 lbs, spot 40 sx from 3920' to 3522' ctoc as per OCD/Mark Whitaker, SIW.

1/24/12 Tag toc @ 3560', sqz 75 sx from 2450' to 2300' ctoc, SIW @ 1100lbs.

1/25/12 Tag toc @ 2263', perf @ 1300', test rate & sqz 100 sx from 1300' to 960' ctoc, SIW.

1/26/12 Tag toc @ 651', perf @ 250', test rate & sqz 88 sx to surface in 7" & 9 5/8". RDMO.

Approved for plugging or well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms, www.emnrd.state.nm.us/oed.

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 NMOCD guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE **P & A Superintendant** (Basic Energy Services) DATE **2/2/12**

Type or print name: _____ E-mail address: _____ Telephone No. **432-563-3355**

For State Use Only

APPROVED BY: [Signature] TITLE **STATE MGR** DATE **2-15-2012**

Conditions of Approval (if any): _____