

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

HOBBBS OCD  
CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
FEB 15 2012  
RECEIVED

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-05788
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> <i>Inj</i>		Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Apache corporation		6. State Oil & Gas Lease No.
3. Address of Operator 303 Veterans Airpark Lane, Ste, Midland, TX. 79705		7. Lease Name or Unit Agreement Name North Monument Grayburg San Andres Unit
4. Well Location Unit Letter <u>I</u> 1980 feet from the <u>S</u> line and <u>660</u> feet from the <u>E</u> line Section <u>32</u> Township <u>19S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number 282
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3574' DR</u>		9. OGRID Number 873
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Eunice Monument; Grayburg-SA
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water <u>N/A</u>		
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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

- 11-10-2011- MIRU plugging equipment. Tag existing plug @ 3419 ft. Circulate hole W/ 80 barrels of mud laden fluid. Spot 25 sacks cement from 3419 ft. (252 ft.)
- 11-11-2011- Spot 35 sacks cement from 2553 ft. WOC- Tag cement plug @ 2207 ft. Spot 35 sacks cement from 1450 ft. WOC
- 11-14-2011- Well indicated gas behind 5 1/2 casing. Contact OCD. Advised to tag cement plug and perforate 5 ft. above tag. Perforate @ 1100 ft. 5 1/2 Packer @ 756 ft. Squeeze 50 sacks cement. WOC
- 11-15-2011- Tag cement plug @ 950 ft. Contact OCD. Advised to perforate @ 313 ft. and squeeze. Perforate @ 313 ft. 5 1/2 Packer @ 30 ft. Establish circulation down 5 1/2 x 8 1/4 casing. 8 1/4 x 13 casing pressure tested Circulate 93 sacks cement from 313 ft. to surface down 5 1/2 x 8 1/4 casing. Displace to 100 ft. WOC Tag cement plug @ 98 ft. Fill 5 1/2 wellbore with 8 sacks cement. Cut-off wellhead & anchors. Clean location Install dry-hole marker. RDMO plugging equipment.

Approved for plugging of 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

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 \_\_\_\_\_ (Basic Energy Services) DATE 11-29-11

Type or print name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Telephone No. 432-563-3355

APPROVED BY [Signature] TITLE State MGR DATE 2-16-2012  
Conditions of Approval (if any): \_\_\_\_\_

FEB 16 2012