Submit 3 Copies To Appropriate District	04-4	dan Bandar		Form C-103
Office District I		New Mexico	WELL API NO.	October 25, 2005
1625 N. French Dr., Hobbs, NM 88240	Energy, wilnerals a	nd Natural Resources		
District II	OII CONSERV	ATION DIVISION		5-09025 ′
1301 W. Grand Ave., Artesia, NM 88210	BS OCD	ATION DIVISION	<ol><li>Indicate Type of Lea</li></ol>	ase
Disrtict III 1000 Rio Brazos Rd. Aztec, NM 87410		St. Francis Dr.	STATE 🖸	☑ FEE □ ✓
			6. State Oil & Gas Lea	ise No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 87505			A-2	2614
07303		FIIS	7: Lease Name or Un	it Agreement Name
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO				/
A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			S. Eunice	e (RQ) Unit 4
PROPOSALS.)			8. Well Number	
1. Type of Well: Oil Well  Gas W	Vell 🗹 Other 🔝 🔟	9		27
2. Name of Operator			9. OGRID Number	73
3. Address of Operator	ache Corporation /		10. Pool Name	,/3 /
	Lane, Ste. 3000, Midland	, TX 70705		nice (7RQ)
4. Well Location			<u> </u>	
Unit Letter C	: 1980 feet from the		660 feet from the	_ 1
Section 25	Township 22S	Range 36E	NMPM	County Lea
\$	11. Elevation (Show whether	<sup>r</sup> DR, RKB,RT, GR, etc.) 3449' GL		
<u> </u>	<del></del>	•	IX.	1
12. Check Appropriate Box To Indi	cate Nature of Notice, Repo	ort, or Other Data		
NOTICE OF	INTENTION TO		CURCEOUENT DE	OODT OF
PERFORM REMEDIAL WORK	INTENTION TO: PLUG AND ABANDON	REMEDIAL WORK	SUBSEQUENT REF	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF	===	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT JOB		
DOWNHOLE COMMINGLE				
OTHER:	П	Location is r	eady for OCD inspection	n after P&A
✓ All pits have been remediated in com	pliance with OCD rules and the te			
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.				
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER / QUARTER LOCATION OR				
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. ALL INFORMATION HAS BEEN WELDED OR				
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.				
✓ The location has been leveled as nea	rly as possible to the original grou	nd contour and has been clea	red of all lunk, trash, flow	lines and
other production equipment.				
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.				
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.  If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan All flow lines, production equipment and junk have been removed from the lease and well location.  All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)  All other environmental concrens have been addressed as per OCD rules.  Pipelines and flow lines have been abandoned in accordance with 19.15.9 714.B(4)(b) NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.				
from the lease and well location.		•	•	n remove 5
All metal bolts and other materials ha	ve been removed. Portable base:	s have been removed. (Poure	d onsite concrete bases d	to not have 3
to be removed.)			,	0 0
✓ All other environmental concrens hav ✓ Pipelines and flow lines have been at			ids have been removed fr	SE E
non-retrieved flow lines and pipelines		0.0 / (4.0(4)(b) (400/(0. / (ii lid	ida nave been removed in	
				Z
When all work has been completed, return this form to the appropriate District office to schedule an inspection. If more than one inspection has to be made to a P&A location because it does not meet the criteria above, a penalty may be assessed.				
inspection has to be made to a P&A I	ocation because it does not meet	uie criteria above, a penaity n	iay de assessed.	
SIGNATURE SUMM SI	WAS TITLE	Reclamation Fore	eman DATE	9/12/11
TYPE OR PRINT NAME Gu	inn Burks E-MAIL	guinn.burks@apached	corp.com PHONE:	432-556-9143
For State Use Only				
APPROVED BY: Wante Whytahu TITLE Compliance Officer DATE 04-09-2012				
Conditions of Approval (if any):		with the same of	<u> </u>	<u> </u>