Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I En	ergy, Minerals and Natural Resources	June 19, 2008 WELL API NO.
1625 N. French Dr , Hobbs, NM 88240 BBS OCD District II		30-025-37305
1301 W. Grand Ave., Artesia, NM 88210	IL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 879 R 2 6 2012 District IV	1220 South St. Francis Dr.	STATE FEE 🗵 🥒
District IV 1220 S St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		
SUNDRY NOTICES AN (DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR USE "APPLICATION FOR PROPOSALS.)		7. Lease Name or Unit Agreement Name Grizzell
1. Type of Well: ⊠Oil Well ☐ Gas Wel	l ☐ Other:	8. Well Number ₀₁₄
Name of Operator / Apache Corporation / Apache		9. OGRID Number 873
3. Address of Operator		10. Pool name or Wildcat
303 Veterans Airpark Lane, Suite 3000 Midla	and, TX 79705	Penrose Skelly; Grayburg (50350)
4. Well Location		
Unit Letter O : 330	feet from the South line and 17	
Section 8	Township 22S Range 37E	NMPM County Lea
3403'	evation <i>(Show whether DR, RKB, RT, GR, etc</i> GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTI	ON TO: 1 SUE	REQUENT BEDORT OF
	AND ABANDON REMEDIAL WOR	SSEQUENT REPORT OF: RK
		ILLING OPNS. P AND A
	PLE COMPL CASING/CEMEN	IT JOB
DOWNHOLE COMMINGLE		
OTHER:	☑ OTHER:	
13. Describe proposed or completed ope	rations. (Clearly state all pertinent details, ar	nd give pertinent dates, including estimated date
of starting any proposed work). SEI or recompletion.	E RULE 1103. For Multiple Completions: A	ttach wellbore diagram of proposed completion
of recompletion.		
Apache would like to DO the CIBP @ 360	1', set a RBP @ 3900' and swab test the exist	ing Grayburg completion in this well.
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Spud Date: 07/02/2005	Dis Dalaca D 4 07/44/2005	
Spud Date: 07/02/2005	Rig Release Date: 07/11/2005	
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I hereby certify that the information above is	true and complete to the best of my knowleds	te and belief.
A		,
SIGNATURE ROBA Holland	# TYPY F . O . O . W. F . T . I	
SIGNATURE 1 1000 NOCLUNO	TITLE Sr Staff Engr Tech	DATE 04/20/2012
Type or print name Reesa Holland	E-mail address: Reesa Holland@apa	checorp.com PHONE: 432/818-1062
For State Use Only		
ADDROVED DV.	TITLE PROPERTY OF	APR 3 0 2019
APPROVED BY: Conditions of Approval (if any):	TITLE CONTROLLER CONTR	DATE
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