Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	October 13, 2009 WELL API NO.
District II	OIL CONSERVATION DIVISION	30-025-06035
1301 W Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE V
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Pe, INIVI 87505	6. State Oil & Gas Lease No.
87505		
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)		7. Lease Name or Unit Agreement Name  V Laughlin
1. Type of Well: Oil Well Gas Well Other		8. Well Number 2
2. Name of Operator		9. OGRID Number
Apache Corp.		
3. Address of Operator P O box Drawer D Monument NM 88265		10. Pool name or Wildcat Eumont Yates 7RQ
4. Well Location		
Unit Letter C : WEST line	660feet from theNORTHlin	ne and1980feet from the
Section 9	Township 20S Range 37B	E NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON Rule 19.15.25.14  PULL OR ALTER CASING MULTIPLE COMPL Person of not greater than 10% over a 30 minute period of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  MIRU and pooh with tubing and packer. Move in wire line truck and set a CIBP @ 3192' with 35' of cement on top.  Perfs are @ 3258' – 3460'  RIH with tubing and circulate the casing and POOH with tubing. Pressure test and chart the casing to 500 psi for 32 minutes.  Condition of Approval: notify  MUST BE NOTIFIED 24 Hours  Prior to the beginning of operations  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  Prior approval: notify  OCD Hobbs office 24 hours  Prior of running MIT Test & Chart		
Spud Date:	Rig Release Date:	<b>y</b>
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
$\alpha$		
SIGNATURE SIGNATURE	TITLE Instrument Tech	DATE 5-29-12
Type or print nameJim Ellison E-mail address: _JD.Ellison@apacheccorp.com_ PHONE:		
For State Use Only		
APPROVED BY: STAFF MGP DATE 5-29-2012		
Conditions of Approval (if any):		