|  | it 3 Copies To Appropriate District  | Ctata of                      | Navy Massica                            |  |                                   |             | Form C-103                            |  |
|--|--|-------------------------------|---|--|-----------------------------------|-------------|---------------------------------------|--|
| Office<br>District<br>1625   | <b>78</b> .  |                               | New Mexico<br>nd Natural Resourc        | es WELL API                            |                                   |             | tober 25, 2005                        |  |
| District III  OIL CONSERVATION DIVISION  |  |                               |   | N                                      | 30-025-04163                      |             |                                       |  |
| 1301 W. Grand Ave., Artesia, NM 88210  |  |                               |   | 5. Indicate                            | 5. Indicate Type of Lease         |             |                                       |  |
| District III  1000 Rio Brazos Rd Aztec, NM 87410  District IV  1220 South St. Francis Dr.  Santa Fe, NM 87505                                  |  |                               |   |  | STATE FEE                         |             |                                       |  |
| District IV Santa Fe, NM 87505   |  |                               |   | 6. State Oil                           | 6. State Oil & Gas Lease No.      |             |                                       |  |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM 301  |  |                               |   |  | AO-1543                           |             |                                       |  |
|  | SUNDRY NOTICES A   | AND REPORTS ON W              | ELLS                                    | 7. Lease N                             | ame or Unit A                     | Agreement N | lame                                  |  |
| (DO NOT USE THIS FORM FOR PROFESSION DRILL OR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH |  |                               |   |  | North Monument G/SA: Unit Blk. 18 |             |                                       |  |
| PROPOSALS.)  |  |                               |   | 8. Well Nun                            | 8. Well Number                    |             |                                       |  |
| 1. Type of Well: Oil Well    Gas Well  Other  2. Name of Operator  |  |                               |   | 9 OGRID N                              | 9. OGRID Number                   |             |                                       |  |
| Z. INA   |  | e Corporation                 |   | 9. OGNID N                             | 008                               | 373         |                                       |  |
| 3. Ad  | dress of Operator  |                               |   | 10. Pool Na                            | ıme                               |             |                                       |  |
| 303 Veterans Airpark Lane, Ste. 3000, Midland, TX, 79705 4. Well Location  |  |                               |   |  | Eunice Monument; G/SA             |             |                                       |  |
| 4. VVI   | Unit Letter P :  | 660 feet from the             | e <b>South</b> line and                 | 660                                    | feet from the                     | East        | line /                                |  |
|  | Section 2  | Township 20S                  | Range 36                                |  |                                   | County      | Lea 🗸                                 |  |
|  | 11.  | Elevation (Show whether       | r DR, RKB,RT, GR, et<br><b>3579' GL</b> | tc.)                                   | *                                 |             | · · · · · · · · · · · · · · · · · · · |  |
| 40   | Ob and American Day To Indicate  | Nation of Nation Day          | <del>.</del>                            |  | <u> </u>                          | <u> </u>    | A                                     |  |
| 12.  | Check Appropriate Box To Indicate  | nature of notice, Repo        | ort, or Other Data                      |  |                                   |             |                                       |  |
|  | NOTICE OF INT  | ENTION TO:                    |   | SUBSEC                                 | QUENT REP                         | ORT OF:     |                                       |  |
| PERF   |  | JG AND ABANDON                | REMEDIAL WORK                           |  | ALTERING CA                       | ASING       |                                       |  |
|  | <del></del>  | ANGE PLANS                    | COMMENCE DRILLIN                        |  | P AND A                           |             | V                                     |  |
|  | OR ALTER CASING  | LTIPLE COMPL                  | CASING/CEMENT JC                        | в П                                    |                                   |             |                                       |  |
|  | _  | _                             |   |  |                                   |             |                                       |  |
| OTHE   | All pits have been remediated in compliand   | e with OCD rules and the te   |   | on is ready for OCE permit and closure |                                   | ter P&A     |                                       |  |
| $\square$  | Rat hole and cellar have been filled and lev   | veled. Cathodic protection h  | oles have been properly                 | abandoned                              | •                                 |             |                                       |  |
| $ \checkmark $   | A steel marker at least 4" in diameter and a   | at least 4' above ground leve | I has been set in concre                | te 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.                     |  |                               |   |  |                                   |             |                                       |  |
|  |  |                               |   | n algored of all junk                  | trook flowing                     | and .       |                                       |  |
| _  | The location has been leveled as nearly as possible to the original ground contour and has been cleared of all junk, 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.  |                               |   |  |                                   |             |                                       |  |
|  | 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                            |                               |   |  |                                   |             |                                       |  |
| 1  | All metal bolts and other materials have be  | en removed Portable base      | s have been removed (                   | Poured onsite conc                     | rete bases do n                   | 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   |                               |   |  |                                   |             |                                       |  |
|  | 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  |                               |   | •                                      |                                   |             |                                       |  |
| SIGN   | ATURE Suine Bu   | ka TITLE                      | Reclamation                             | n Foreman                              | DATE                              | 6/2         | 5/12                                  |  |
| J. O. 1  | CAMPAN NIM   | 11166                         | Regiannation                            | oroman                                 |                                   |             | <u> </u>                              |  |
| TYPE OR PRINT NAME Guinn Burks E-MAIL guinn.burks@apache   |  |                               |   | achecorp.com                           | PHONE:                            | 432-55      | 6-9143                                |  |
| ⊢or St   | ate Use Only   | 11.                           | <u> </u>                                | ۸ ( ۸ .                                |                                   |             |                                       |  |
|  | ROVED BY: Wah wh   | taken_ TITLE                  | Louphance !                             | UPTICEN                                | DATE                              | 08-01       | -2012                                 |  |
| COUC   | litions of Approval (if any):  |                               | •                                       |  |                                   |             |                                       |  |