Submit 1 Copy To Appropriate District State of New Mexico	
Office Ensure Mineral Descures	Form C-103 October 13, 2009
District I Energy, Minerals and Matural Resources 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II	30-025-06035
1301 W. Grand Ave., Artesia, NM 8887 CERVEONSERVATION DIVISION District III 1305 Division Divisio Division Divisio Division Divisio Divisio Divis	5. Indicate Type of Lease STATE FEE
District IV Santa Fe. NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Flandis Di.; Sante I C, HW	
87505 HOBES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)	V Laughlin
1. Type of Well: Oil Well 🔲 Gas Well 🔽	8. Well Number 2
2. Name of Operator	9. OGRID Number
Apache Corp. 3. Address of Operator	10. Pool name or Wildcat
P O box Drawer D Monument NM 88265	Eumont Yates 7RQ
4. Well Location	
Unit LetterC:660feet from theNORTH li	ne and1980feet from the
WESTline	
Section 9 Township 20S Range 37	E NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc)
12. Charle Assessment to Device Indiante Matters (Nuclear Device) of the Date	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN DOWNHOLE COMMINGLE	II JOB
	,
OTHER: OTHER:	
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
Plan to set CIBP (a) +- 2750 with 35' of cement on top. Pressure test to 500 psi for 30 minutes.	
Apache will request a TA status for this well after the work is completed.	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
0	
SIGNATURE DECLOS TITLE Instrument Tech	DATE 10-29-12
Type or print nameJim Ellison E-mail address: _JD.Ellison@apacheccorp.com_ PHONE:	
For State Use Only	
APPROVED BY: TITLE Dist. Mer	2 DATE 10-29-2012
Conditions of Approval (if any?	······································