Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 October 13, 2009
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-06021
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 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			7. Lease Name or Unit Agreement Name
PROPOSALS.)		Bertha J Barber 4	
1. Type of Well: Oil Well Gas Well Other TA'd well		9. OGRID Number	
2. Name of Operator Apache Corp.			9. OGKID Number
3. Address of Operator P O box Drawer D Monument NM 88265		10. Pool name or Wildcat Eunice Monument G/SA	
4. Well Location			
Unit Letter D : 330 feet from the North line and 990 feet from the			
West line Section 8 Township 20S Range 37E NMPM Lea County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3566' Gr			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
12. Check Appropriate box to indicate Nature of Notice, Report of Other Data			
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON			
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMENT	I JOB 📗
OTHER: Extend TA status		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.			
Intend to move in Gandy pump truck to perform MiT on casing. Will pressure up to 520 psi for 32 minutes.			
Extend for 142. ONly			
			`
Spud Date:	Rig Release Da	te:	-
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE SIGNATURE	TITLE Insi	trument Tech	DATE 11-6-12
Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE:			
For State Use Only			
APPROVED BY: Complete TITLE DIST. 1992 DATE 11-6-201			
Conditions of Approval (if any):	HILE	731.11679	
` (NOV 0 6 2012