Submit 3 Copies To Appropriate D	mit <sup>3</sup> Copies To Appropriate District State of New Mexico			Form C-1	
District I 1625 N. French Dr., Hobbs, NM 8	Energy, Minerals and Natural Resources			May 27, 2 WELL API NO.	2004
District II				30-025-25293	
District III 1220 South St. Francis Dr.				5. Indicate Type of Lease	
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, 1 87505		,		o. State On & Gas Lease No.	
SUNDRY	Y NOTICES AND REP			7. Lease Name or Unit Agreement Nam	ne
(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.)				E.N. GRIZZELL	
1. Type of Well: Oil Well 🔀 Gas Well 🗌 Other				8. Well Number 02	
2. Name of Operator Apache Corporation				9. OGRID Number 00873	
3. Address of Operator 6120 South Yale, Suite 1500 Tulsa, OK 74136-4224				10. Pool name or Wildcat	
1 Ulsa, OK /4130-4224 Drinkard   4. Well Location Drinkard					
Unit Letter_G	: 1880 feet	from the <u>North</u>	line and	00 feet from the East li	ne
Section 6	Точ	nship 21S Ran	nge 37E	NMPM CountyLea	
	11. Elevation 3449' GR	(Show whether DR, I	RKB, RT, GR, etc.)		
Pit or Below-grade Tank Applica	Care & man (Add and a state of the				7. A. B. S. S.
Pit typeDepth to G			ter well Dist	ance from nearest surface water	
Pit Liner Thickness:	mil Below-Grade	Tank: Volume	bbls; Co	nstruction Material	
12. C	heck Appropriate B	ox to Indicate Na	ture of Notice,	Report or Other Data	
NOTICE	OF INTENTION T	O:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WO			REMEDIAL WOR		
TEMPORARILY ABANDON			COMMENCE DRI	— — —	
PULL OR ALTER CASING			CASING/CEMENT	JOB 🗌	
OTHER:			OTHER: Tempor	ary Abandon	X
13. Describe proposed of starting any propo	or completed operations osed work). SEE RULI	. (Clearly state all pe E 1103. For Multiple	ertinent details, and Completions: Att	l give pertinent dates, including estimated ach wellbore diagram of proposed compl	date
or recompletion.	,	F			ction
7/27-28/2005 MIRU. Circ	: well clean				
7/29/2005 Set 5-1/2" R	BP @ 5450'.				
8/2/2005 Pump 121 sz 8/19/2005 Perform M.I	x and sqz. Pressure test	to 500 psi for 30 min	ns, okay. Displace o	csg with pkr fluid.	
				-123456	
Original M.I.T. Chart sent d	irectly to OCD. Copy a	ttached.			
				N _ Co C	
				52627 9. (c) 1.	
	This Approval	of Temporary	oliglid	Ponic Ponic	
	This Approval Abandonment	of Temporary Expires	8/19/10	Perio	
	This Approval Abandonment	of Temporary Expires	8/19/10	Port Port	
	This Approval Abandonment	of Temporary Expires	8/19/10	Paris Paris	
I hereby certify that the information of the inform			8/19/10	C C C C C C C C C C C C C C C C C C C	Now-
I hereby certify that the inform grade tank has been/will be constr	mation above is true and	d complete to the bes	$\frac{8 \left  19 \right  10}{10}$ it of my knowledge	e and belief. I further certify that any pit or be for an (attached) alternative OCD-approved plan	elow-
I hereby certify that the inform grade tank has been/will be constr SIGNATURE	mation above is true and	d complete to the bes	$\frac{8 \left  19 \right  10}{8 \left  19 \right  10}$ it of my knowledge a general permit $\Box$ incering Technician	e and belief. I further certify that any pit or be or an (attached) alternative OCD-approved plan	210w-
grade tank has been/will be constr SIGNATURE Type or print name Elaine Li	mation above is true and ucted or closed according to Mult futor	d complete to the bes NMOCD guidelines	, a general permit 🗌	e and belief. I further certify that any pit or be or an (attached) alternative OCD-approved plan	□. -
grade tank has been/will be constr SIGNATURE	mation above is true and ucted or closed according to Mult futor	d complete to the bes NMOCD guidelines	, a general permit [] ineering Technician ress:elaine.linton@	e and belief. I further certify that any pit or be for an (attached) alternative OCD-approved plan DATE <u>09/12/2005</u> Papachecorp.comTelephone No. (918)491	□. -
grade tank has been/will be constr SIGNATURE Type or print name Elaine Li For State Use Only APPROVED BY:	mation above is true and nucted or closed according to Multiple inton	d complete to the bes NMOCD guidelines	, a general permit [] ineering Technician ress:elaine.linton@	e and belief. I further certify that any pit or be for an (attached) alternative OCD-approved plan DATE <u>09/12/2005</u>	□. -
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