

WELL API NO.

30-025-05618

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

North Monument G/SA Unit Blk. 3

8. Well Number 16

9. OGRID Number 873

10. Pool name or Wildcat  
Eunice Monument G/SA

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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Apache Corp.

3. Address of Operator

P O box Drawer D Monument NM 88265

4. Well Location

Unit Letter P : 660 feet from the South line and 990 feet from the

East line

Section 17

Township 19S

Range 37E

NMPM

Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

OTHER: Extend TA status

☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

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.

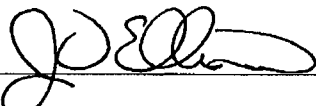
(2 yrs Exten.)

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE



TITLE Instrument Tech

DATE 2-25-13

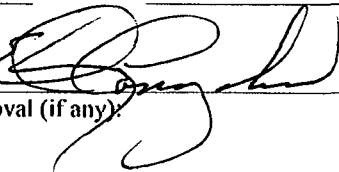
Type or print name Jim Ellison

E-mail address: JD.Ellison@apacheccorp.com

PHONE:

For State Use Only

APPROVED BY:



TITLE

Dist Mgr

DATE 2-25-2013

Conditions of Approval (if any):

FEB 25 2013