Submit 1 Copy To Appropriate District Sta	ite of New Mexico	O ,	For	m C-103
Office Energy, Minerals and Natural Resources			Octob WELL API NO.	er 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 8821638 OCOIL CONSERVATION DIVISION			30-025-05628	
District III 1220 South St. Francis Dr.			5. Indicate Type of Lease STATE FEE	ר
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM PR 0 3 2013 Santa Fe, NM 87505 87505			6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM ^{+ N} 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 Agreemen	nt Name
			North Monument G/SA Unit Blk	. 2
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Qther Injection well.			8. Well Number 5 🥑	
2. Name of Operator			9. OGRID Number 873	
Apache Corp. 3. Address of Operator			10. Pool name or Wildcat	
P O box Drawer D Monument NM 88265			Eunice Monument G/SA	
4. Well Location				
Unit LetterE:1980fee	t from theN_	line and	660feet from the	
Wline Section 18 Town	nship 19S F	Range 37E	NMPM Lea C	ounty
	how whether DR, RK			
12. Check Appropriate Box	to Indicate Natur	re of Notice,	Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK DUID AND ABANDON REMEDIAL WORK DIAL TERING CASIN				
TEMPORARILY ABANDON			LLING OPNS. P AND A	
PULL OR ALTER CASING DOWNHOLE COMMINGLE		ASING/CEMEN	ГЈОВ	
OTHER:	- 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이	THER: 1	5 year pressure test	
 Describe proposed or completed operations. (of starting any proposed work). SEE RULE 1 proposed completion or recompletion. 				
Move in Gandy truck and pressure the casing and chart	for 32 minutes. Star	ting pressure 53	0 # and finale pressure 525#	
			·	
Spud Date:	Rig Release Date:			
I hereby certify that the information above is true and c	omplete to the best o	of my knowledg	e and belief.	
SIGNATURE	_TITLE_ Instrum	munt Taab	DATE 3-14	L13
				· / <u>)</u>
Type or print name Jim Ellison For State Use Only	_ E-mail address: _J /	JD.Ellison@apa /	icheccorp.com_ PHONE:	
APPROVED BY: Thomas	_TITLE	t No	Z DATE 5-1.4	-2013
Conditions of Approval (if any):				, 1
\sim			MAY 2.1 201	s k
			••	•

·

	0 1	0012		
MAY	6,1	0012		

