

Submit 1 Copy To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
HOBBS OCD
 OIL CONSERVATION DIVISION
 220 South St. Francis Dr.
 Santa Fe, NM 87505
APR 03 2013

Form C-103
 October 13, 2009

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection well. <input checked="" type="checkbox"/>		WELL API NO. <input checked="" type="checkbox"/> 30-025-05767
2. Name of Operator Apache Corp.		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator P O box Drawer D Monument NM 88265		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>A</u> : <u>660</u> feet from the <u>N</u> line and <u>660</u> feet from the <u>E</u> line Section <u>31</u> Township <u>19S</u> Range <u>37E</u> NMPM Lea County		7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 15
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		8. Well Number 1 <input checked="" type="checkbox"/>
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		9. OGRID Number 873
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/> 5 year pressure test
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.		

Move in Gandy truck and pressure the casing and chart for 32 minutes. Starting pressure 530 # and finale pressure 520#

HOBBS OCD

APR 03 2013

RECEIVED

Spud Date:

Rig Release Date:

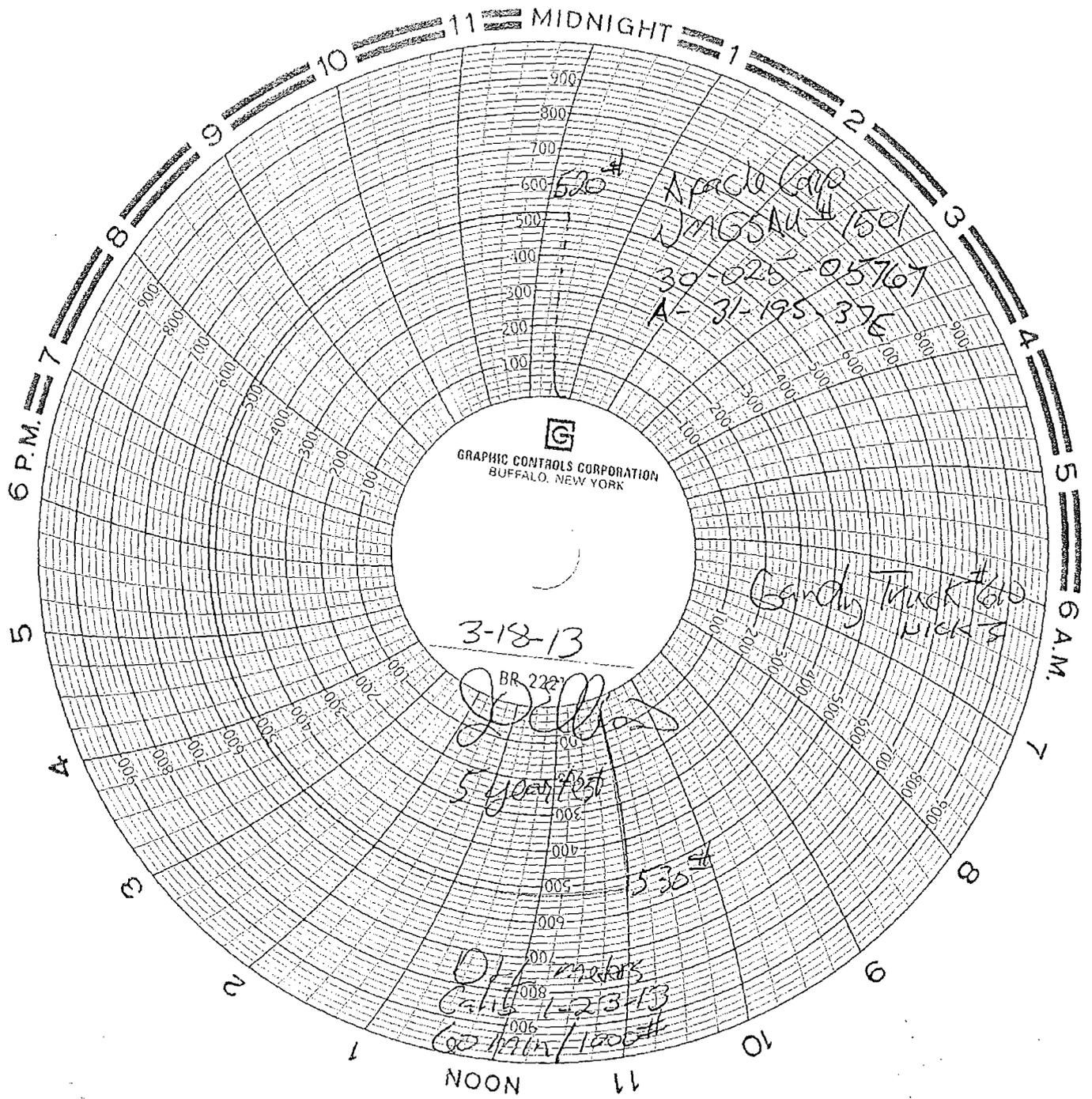
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE JD Ellison TITLE Instrument Tech DATE 3-18-13

Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE: _____

For State Use Only
 APPROVED BY [Signature] TITLE DIST MGR DATE 5-14-2013

Conditions of Approval (if any):
MAY 21 2013



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