Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resourc	es October 13, 2009
1625 N. French Dr., Hobbs, NM 88240	<u> </u>	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	N 30-025-05636
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Sana 1 6, 1 111 6 7 5 6 5	6. State Off & Gas Lease No.
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSE DIFFERENT RESERVOIR. USE "APPLICATION OF THE PROPOSE OF THE PR	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other Injection well.	8. Well Number 11
2. Name of Operator	das weil Other injection well.	9. OGRID Number 873
Apache Corp.		10 Paul nome on Wildow
3. Address of Operator P O box Drawer D Monument NM	88265	10. Pool name or Wildcat Eunice Monument G/SA
4. Well Location		
1	:1980feet from theSlin	e and 1980 feet from the
W line		
Section 18	Township 19S Range	37E NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, G	R, etc.)
12 Charles	annyanyiata Ray ta Indicata Natura of N	otica Report or Other Data
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN		SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	_	
TEMPORARILY ABANDON	 1	CE DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/C	EMENT JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER:	FAILED BHT
		ails, 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.		
proposed completion of recompletion.		
Move in Gandy truck and pressure the	ne casing and chart for 32 minutes. Starting press	sure 540 # and finale pressure 535 #
		·
Spud Date:	Rig Release Date:	
I haraby cartify that the information	above is true and complete to the best of my kno	and descend by the C
Thereby certify that the information	above is true and complete to the best of my kild	owledge and benef.
OOO) ~	M 17
SIGNATURE	TITLEInstrument Tec	DATE 5-16-13
Type or print nameJim Ellison E-mail address: _JD.Ellison@apacheccorp.com_PHONE:		
For State Use Only		
APPROVED BY: DATE S-23-2013		
Conditions of Approval (If any):	1111 15/1/16	
Conditions of Approval (it ally).	\mathcal{U}	MAY 29 2013

