Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103	
Energy, Minerals and Natural Resource		tural Resources	October WELL API NO.	13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II ' CONCERNIA THON DIVISION		30-025-05755		
1301 W. Grand Ave., Artesia, NM 88210	TW. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE		
District IV Santa Fe, NIVI 87303		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505	•			
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement	Name
(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.)			North Monument G/SA Unit Blk.	10
1. Type of Well: Oil Well Gas Well Other Injection well.			8. Well Number 13	
2. Name of Operator			9. OGRID Number 873	
Apache Corp.				
3. Address of Operator P O box Drawer D Monument NM 88265			10. Pool name or Wildcat Eunice Monument G/SA	
	88203		Eunice Monument 0/3A	
4. Well Location		0 11 1	2010	
	:330feet from the	S line and _	2310feet from the	
Eline				
Section 30	Township 19S	Range 37E		unty
	11. Elevation (Show whether Di	R, RKB, RT, GR, etc.		
12 Charle A	appropriate Box to Indicate 1	Noture of Notice	Papart or Other Date	
12. Check A	ppropriate Box to mulcate i	inature or motice,	Report of Other Data	
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR			K 🔲 ALTERING CAS	ING 🗌
TEMPORARILY ABANDON	CHANGE PLANS		ILLING OPNS.□ P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	TJOB 🗌	
DOWNHOLE COMMINGLE				
OTHER:		OTHER:	FAILED BHT	
omen.			AILED BITT	
			d give pertinent dates, including estin	
		AC. For Multiple Co	mpletions: Attach wellbore diagram	of
proposed completion or reco	ompletion.			
Move in Gandy truck and pressure th	e casing and chart for 32 minutes	. Starting pressure 52	20# and finale pressure 500 #	
	o dusting that others for 32 minutes	. Starting pressure 5.	and male pressure 500 h	
•				
			•	
Snud Date:	Pia Palassa F	Dotto:		
Spud Date:	Rig Release D	Date:		
Spud Date:	Rig Release D	Date:		
			a and belief	
Spud Date:  I hereby certify that the information a			e and belief.	
I hereby certify that the information a			4	
	above is true and complete to the		e and belief.  DATE 5-17	-13
I hereby certify that the information a	above is true and complete to the TITLEII	best of my knowledg	DATE 5-17	-13 n
I hereby certify that the information a  SIGNATURE  Type or print name  Jim Ellison	above is true and complete to the TITLEII	best of my knowledg	DATE 5-17 acheccorp.com_PHONE:	
I hereby certify that the information a	above is true and complete to the TITLEII	best of my knowledg	DATE 5-17 acheccorp.com_PHONE:	
I hereby certify that the information a  SIGNATURE  Type or print name  Jim Ellison	above is true and complete to the TITLEII	best of my knowledg	DATE 5-17 acheccorp.com_PHONE:	
I hereby certify that the information a  SIGNATURE  Type or print name  For State Use Only	TITLElı_E-mail addre	best of my knowledg	DATE 5-17	

