Submit I Copy To Appropriate District Office	State of New			Form C-103	
District I	Energy, Minerals and N	latural Resources	WELL API NO.	October 13, 2009	
1625 N. French Dr., Hobbs, NM 88240 District II		30-025-09884			
1301 W. Grand Ave., Artesia, NM 88210	01 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease		
District III 1220 South St. Francis Dr.		STATE FEE			
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	` Santa Fe, NM	1 8/505	6. State Oil & Gas L	ease No.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				North Monument G/SA Unit Blk. 6  8. Well Number 9	
Type of Well: Oil Well				9. OGRID Number 873	
Apache Corp.			7. OGRIÐ Number (	7. GGRAS (Value)	
3. Address of Operator P O box Drawer D Monument NM 88265			10. Pool name or Wildcat Eunice Monument G/SA		
4. Well Location					
Unit LetterI:_	1980feet from the	Sline and	660feet t	from the	
Eline Section 20	Township 19S	Range 37	7E NMPM	Lea County	
	11. Elevation (Show whether				
1998 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100					
12. Check Ap	opropriate Box to Indicate	e Nature of Notice	e, Report or Other Da	nta	
NOTICE OF INT	ENTION TO:	l su	BSEQUENT REPO	ORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲	REMEDIAL WO	RK 🔲 AL	TERING CASING 🔲	
	CHANGE PLANS		· —	AND A	
	MULTIPLE COMPL	CASING/CEME	NT JOB		
DOWNHOLE COMMINGLE					
OTHER:		OTHER:	Failed BHT		
13. Describe proposed or comple					
of starting any proposed work proposed completion or recor		MAC. For Multiple C	Completions: Attach well	bore diagram of	
proposed completion of recor	npietion.				
•					
Move in Gandy truck and pressure the	casing and chart for 32 minut	es. Starting pressure	540 # and finale pressure	550#	
				]	
pud Date:	Rig Release	e Date:			
				J	
hereby certify that the information ab	ove is true and complete to the	ne best of my knowled	lge and belief.		
$\sim$		,			
IGNATURE STATE	TITLE_	_Instrument Tech	DATE	5-17-13 1	
Type or print name Jim Ellison	E mail ada	race: ID Ellison@s	pacheccorp.com_ PHON		
Cor State Use Only	E-man add	uess1D.EIIISOR@a ✓	pacheccorp.com_ PHON	E	
APPROVED BY:	TITLE	ust mer	DATE	5-23-20/3	
conditions of Approval (if any):	7	-, -,	млү	2 9 2013	
10			MAI	led C me a in	

