Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 Energy,	Minerals and Natural Resourc	WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	NICEDUATION DIVICIO	
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 HOBBS P. CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Lease
	Santa Fe, NM 87505	STATE / FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	esanta i e, i vivi o 7505	6. State Oil & Gas Lease No. B0 -2052-0004
87505	ODTC ON WELL C	
SUNDRY NOTICES COLUMN SUNDRY NOTICES COLUMN SUNDRY NOTICES COLUMN SURPLINE SUNDRY NOTICES COLUMN SUNDRY NOTICE		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PEF PROPOSALS.)	RMIT" (FORM C-101) FOR SUCH	North Monument G/SA Unit (302708)
	Other	8. Well Number ₀₁₄
2. Name of Operator Apache Corporation		9. OGRID Number 873
3. Address of Operator		10. Pool name or Wildcat
303 Veterans Airpark Lane, Suite 3000 Midland, T.	X 79705	Eunice Monument; Grayburg-San Andres
4. Well Location		
		nd 1980 feet from the W line
	wnship 19S Range 37E (Show whether DR, RKB, RT, G	NMPM County Lea
11. Elevation 3660' GR	(Snow whether DR, KKB, R1, G	rk, etc.)
12. Check Appropriate I	Box to Indicate Nature of No	otice, Report or Other Data
NOTICE OF INTENTION		•
PERFORM REMEDIAL WORK PLUG AND		SUBSEQUENT REPORT OF: LWORK ☑ ALTERING CASING □
TEMPORARILY ABANDON	-	CE DRILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE C	OMPL	EMENT JOB
DOWNHOLE COMMINGLE		
OTHER:	☐ OTHER:	
13. Describe proposed or completed operation		ails, and give pertinent dates, including estimated date
of starting any proposed work). SEE RUL proposed completion or recompletion.	E 19.15.7.14 NMAC. For Multi	ple Completions: Attach wellbore diagram of
12/3/12 MIRU. POH w/ rods and pump. 12/4/12 Acidize w/ 3500 gals 15% NEFE NMGSA	U blend acid.	
12/5/12 RIH w/ 2-7/8" TBG, EOT @ 3863'. RIH w/		
Spud Date: 01/05/1936	Rig Release Date: 04/1	9/1936
I hereby certify that the information above is true as	nd complete to the best of my kno	owledge and helief
	ia complete to the best of my kind	swiedge and benefit
200 C	mar - D. T. I.I.	
SIGNATURE //.	TITLE Reg Tech I	DATE 08/14/2013
Type or print name Michael J. O'Connor For State Use Only	E-mail address: michael.ocor	nnor@apachecorp.com PHONE: 432/818-1953
	// n	0 - 0 - 1
APPROVED BY:	TITLE JJSF W	DATE 8-21-2013
Conditions of Approval (if any):		AUG 2.1 2013
		One s'y rain
		- V