

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

**HOBBS OCD**  
State of New Mexico  
Energy, Minerals and Natural Resources  
**MAR 05 2014**  
**RECEIVED**  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
October 13, 2009

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-05636
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> injection well <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> Fed
2. Name of Operator Apache Corp.		6. State Oil & Gas Lease No.
3. Address of Operator P O box Drawer D Monument NM 88265		7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 2
4. Well Location Unit Letter K : 1980 feet from the S line and 1980 feet from the W line Section 18 Township 19S Range 37E NMPM Lea County		8. Well Number 11
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 873
		10. Pool name or Wildcat Eunice Monument G/SA

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <u>Failed Bradenhead test</u> <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Intend to move in a rig to pull tubing and packer to check the cause of the water flow on the casing. We will pressure test to 500 psi and chart the pressure for 32 minutes

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 3-5-14  
Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE:   
**For State Use Only**

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE MAR 06 2014  
Conditions of Approval (if any):

**MAR 06 2014**