| Submit 1 Copy To Appropriate District Office  | State of New Mexico                                  | Form C-103   |
|---|--|--|
| District 1  | Energy, Minerals and Natural Resour                  | S INTELLADING /                                    |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II  | HOBBS OC   | D)   30.025.05721                                  |
| 1301 W. Grand Ave., Artesia, NM 88210<br>District III   | OIL CONSERVATION DIVISION 1220 South St. Françis Dr. | 5. Indicate Type of Lease,                         |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV   | Santa Fe, NM 875056 20                               | STATE FEE 6. State Oil & Gas Lease No.             |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |  | , i sime on a sub bound its                        |
| SUNDRY NOTIC  | ES AND REPORTS ON WELL SECEIVED                      | 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" (FQRM-C-101) FOR SUCH |  | )^   |
| PROPOSALS.)   |  | North Monument G/SA Unit Blk. 11  8. Well Number 6 |
| 1. Type of Well: Oil Well 2. Name of Operator   | Gas Well Injection well                              | 9. OGRID Number 873                                |
| Apache Corp.  |  |  |
| 3. Address of Operator P O box Drawer D Monument NM 8   | 8265   | 10. Pool name or Wildcat Eunice Monument G/SA      |
| 4. Well Location  | 0203   | Eutifice (violiument G/SA                          |
|   | 1980 feet from the N li                              | ne and 1980 feet from the                          |
| Wline   |  |  |
| Section 29  | Township 19S Range                                   | 37E NMPM Lea County                                |
|   | 11. Elevation (Show whether DR, RKB, RT,             | GR, etc.)  |
|   |  |  |
| · 12. Check A   | ppropriate Box to Indicate Nature of N               | Notice, Report or Other Data                       |
|   |  | •  |
| NOTICE OF INT<br>PERFORM REMEDIAL WORK ☐  |  | SUBSEQUENT REPORT OF:  ALWORK ALTERING CASING      |
| TEMPORARILY ABANDON   | <del>-</del>   | ICE DRILLING OPNS. P AND A                         |
| PULL OR ALTER CASING  | MULTIPLE COMPL   CASING/                             | CEMENT JOB   |
| DOWNHOLE COMMINGLE  |  |  |
| OTHER: MPT  | <b>∑</b> OTHER:                                      |  |
| 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. |  |  |
|   |  |  |
|   |  |  |
| Plan to move in a Gandy pump truck. Pressure test the casing to 500 psi and chart the pressure for 32 minutes.                                      |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Spud Date:  | Rig Release Date:                                    |  |
|   |  | <u></u>  |
|   |  |  |
| I hereby certify that the information a   | bove is true and complete to the best of my k        | nowledge and belief.                               |
|   |  | 3 2 uh   |
| SIGNATURE CONTRACTOR  | TITLEInstrument Te                                   | chDATE_3.6-14                                      |
| Type or print nameJim Ellison E-mail address: _JD.Ellison@apacheccorp.com_ PHONE:   |  |  |
| For State Use Only  |  |  |
| APPROVED BY: Wall   | Mitalu TITLE Complia                                 | nce Officer DATE 03/07/2014                        |
|   |  | DATE .   |
| CONDITION OF APPROVAL: Operator District Office 24 hour notice before runn  |  |  |
|   | ·<br>•   | MAR 10 2014  |
| والمعاور الهواوا المسامسا والحاد متعاصصا  | and the second second                                | IIVIV Ware -                                       |