

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 OGD State of New Mexico
 Energy, Minerals and Natural Resources
MAR 07 2014
RECEIVED
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 October 13, 2009

SUNDRY NOTICES AND REPORTS ON WELLS (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. 30-025-05644
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> injection well		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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 B111
4. Well Location Unit Letter <u>G</u> : <u>1980</u> feet from the <u>N</u> line and <u>1980</u> feet from the <u>E</u> line Section <u>19</u> Township <u>19S</u> Range <u>37E</u> NMPM Lea County		8. Well Number 7
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

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

Move in a Gandy pump truck. Pressure test the casing to 560 psi and chart the pressure for 32 minutes. Lost 5 lbs. during the test.

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 3-7-14

Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE: _____

For State Use Only

APPROVED BY: _____ DATE _____
 Conditions of Approval (if any):

Accepted for Record Only
MSS 3/10/2014

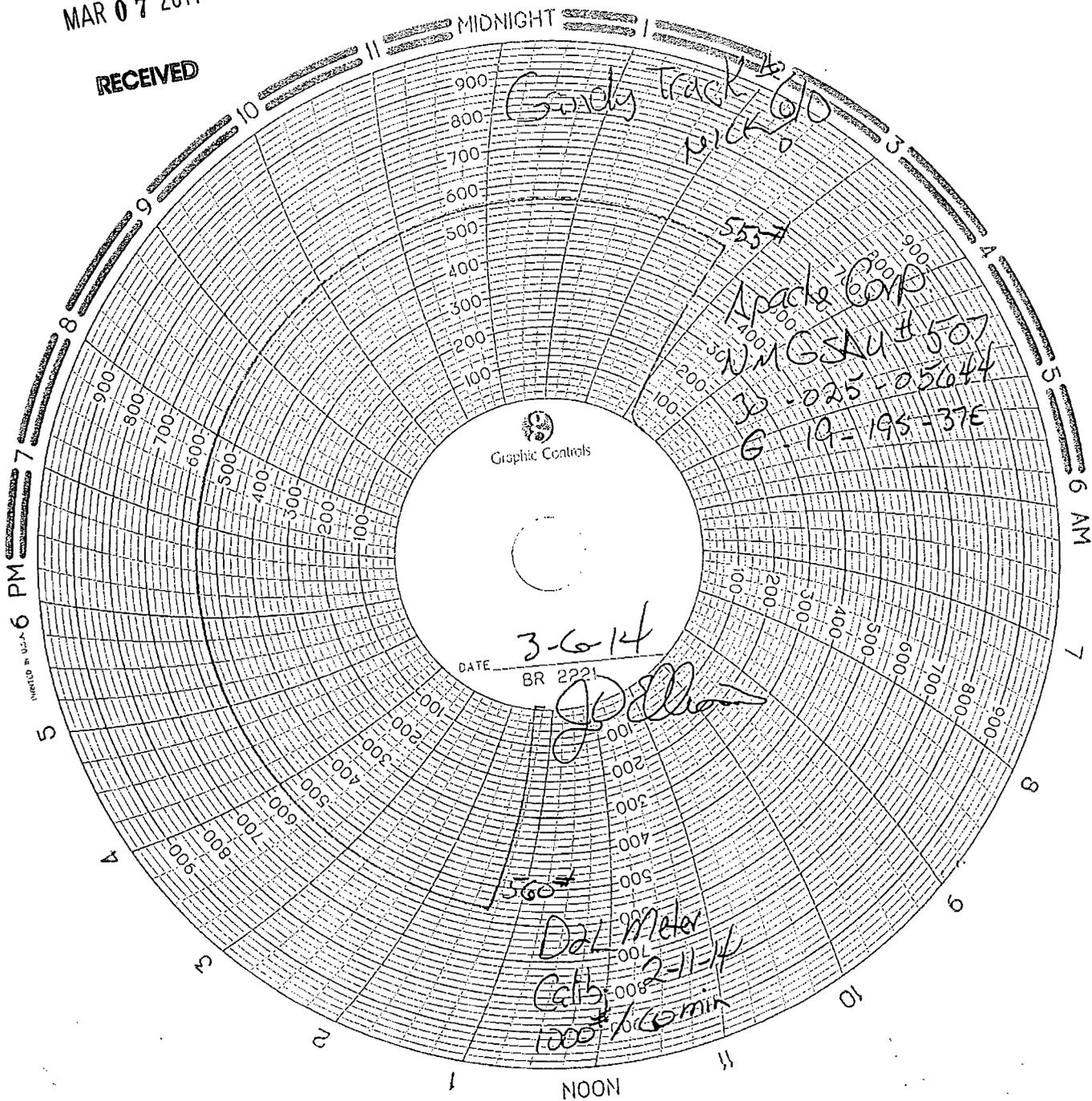
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