HOBBS OCD		
Submit Copy To Appropriate District Sta	te of New Mexico	Form C-103
Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NN 88240 R 0 1 Zui+ District II – (575) 748-1283	erals and Natural Resource	s Revised July 18, 2013 WELL API NO.
District II - (575) 748-1283		30-025-06370
811 S. First St., Artesia, NM 88210 OIL CONS	SERVATION DIVISION	5. Indicate Type of Lease
1000 Dio Brozoe Dd. Arton NIW 974 (1) to the View	South St. Francis Dr.	STATE FEE
District IV – (505) 476-3460 Sai	nta Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		
87505 SUNDRY NOTICES AND REPOR	TS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR T		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Oth	er Injection Well	8. Well Number 313
2. Name of Operator	Injudacii vveii	9, OGRID Number
Apache Corporation		υ 873
3. Address of Operator		10. Pool name or Wildcat
303 Veterans Airpark Lane, Suite 1000 Midland, TX 79	9705	✓ Éunice; B-T-D, North (22900)
4. Well Location		
Unit Letter U (Lot M): 710 feet from	n the South line and	d 610 feet from the West line
Section 02 Towns	nip 21S Range 37E	NMPM County Lea
11. Elevation (Sh	ow whether DR, RKB, RT, GF	R, etc.)
	3457' GL	2000
12. Check Appropriate Box	to Indicate Nature of No	tice, Report or Other Data
NOTICE OF INTENTION TO:	1	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABA		
TEMPORARILY ABANDON CHANGE PLANS	<u> </u>	E DRILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COM		
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER:	OTHER: A	
		Is, and give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 1	9.15.7.14 NMAC. For Multip	le Completions: Attach wellbore diagram of
proposed completion or recompletion.		
Apache tested this well 2/13/2014 for the required annual	UIC testing. See chart attach	ed.
, space to too a the front in 1920 in the required armadi	oro tooking. Goo shart attaon	
Spud Date: 10/12/1950	Rig Release Date: 10/22/1	950
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Thereby certify that the information above is true and c	omplete to the best of my kno	wiedge and bener.
$()$ $l \cdot l$		
SIGNATURE TODA Fraher	TITLE Sr. Staff Reg Analysi	t DATE 3/31/2014
Type or print name Reesa Fisher	_ E-mail address: Reesa.Fishe	er@apachecorp.com
For State Use Only		
ADDROVED BY BOOK STORY	THE SLU.	Manager DATE 4-1-14
APPROVED BY: / Ser Alexandra	_title <i>Staff_u</i>	1/anager DATE 7/7/

