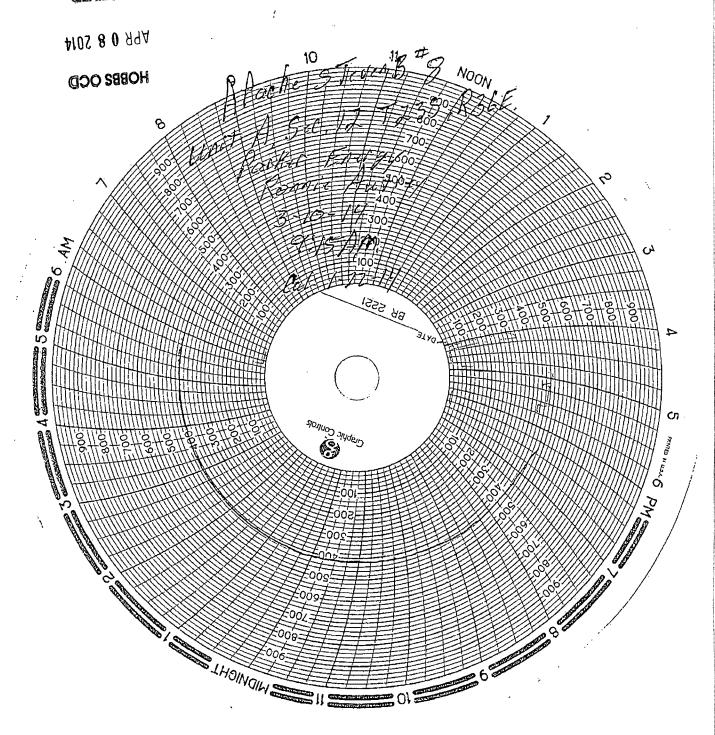
Office	State of New Mexico	Form C-103
District I – (575) 393-6161 Energy, N 1625 N. French Dr., Hobbs, NM MOBBS OCD	Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
District II - (575) 748-1283	NSERVATION DIVISION	30-025-09329
011 B. 1 hat bu, 1 a tosta, 1 th a box 10	20 South St. Francis Dr.	5. Indicate Type of Lease FEOGRAL
1000 Die Drozee Dd. Astee NIMPOTARO W W	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	·	A-2614
JAL FIVEL	ORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL O DIFFERENT RESERVOIR. USE "APPLICATION FOR PERI		Stevens B
PROPOSALS.) 1. Type of Well: Oil Well Gas Well	Other SWD	8. Well Number 008
2. Name of Operator	Owner OVAD	9. OGRID Number
Apache Corporation 3. Address of Operator		10. Pool name or Wildcat
303 Veterans Airpark Lane, Suite 1000 Midland, TX	C 79705	SWD; Queen (96117)
4. Well Location		
Unit Letter A : 660 feet	from the North line and 660	feet from the East line
	viship 23S Range 36E	NMPM County Lea
11. Elevation	(Show whether DR, RKB, RT, GR, etc.) 3418' GL	Alternatives and the second
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION T	O: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND A		
TEMPORARILY ABANDON		
DOWNHOLE COMMINGLE	ON E CASING/OZIMEN	
CLOSED-LOOP SYSTEM	D	
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.		
This well was tested in conjunction with the Bradenhead test on 2/18/2014 and re-tested on 3/10/2014; see copy of charts attached. Work will be done on this well. \[\lambda \text{set} \text{set} \text{copy of charts attached.} \\ \lambda \text{set} \text{set} \text{set} \text{copy of charts attached.} \\ \lambda \text{set} \text{set} \text{set} \text{copy of charts attached.} \\ \lambda \text{set} \text{set} \text{set} \text{copy of charts attached.} \\ \lambda \text{set} \text{set} \text{set} \text{copy of charts attached.} \\ \lambda \text{set} \text{set} \text{set} \text{set} \text{set} \text{copy of charts attached.} \\ \lambda \text{set} \\ \lambda \text{set} \text{set} \text{set} \text{set} \text{set} \text{set} \\ \lambda \text{set} \text{set} \text{set} \text{set} \text{set} \text{set} \\ \lambda \text{set} \text{set} \text{set} \text{set} \text{set} \\ \lambda \text{set} \text{set} \text{set} \text{set} \\ \lambda \text{set} \text{set} \text{set} \text{set} \\ \lambda \text{set} \text{set} \text{set} \\ \lambda \text{set} \text{set} \text{set} \text{set} \\ \lambda s		
Spud Date: 4/24/1960	Rig Release Date: 5/3/1960	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
\bigcirc A :		
SIGNATURE KLESSE JISHEL	TITLE Sr. Staff Reg Analyst	DATE 4/7/2014
Type or print name Reesa Fisher For State Use Only	E-mail address: Reesa Fisher@apa	phone: (432) 818-1062
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):	20	
	BS DCD 4-8-	Accepted for Record Only
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	F an led	APR 1 4 2014



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