Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103 October 13, 2009
1625 N. French Dr., Hobbs, NM 88240	5 N. French Dr., Hobbs, NM 88240	
1301 W. Gland Ave., Altesia, April 602 To	CONSERVATION DIVISION	30-025-05721  5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	220 South St. Francis Dr.	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL DIFFERENT RESERVOIR. USE "APPLICATION FOR PE		North Monument G/SA Unit Blk. 11
PROPOSALS.)  1. Type of Well: Oil Well Gas Well G	Injection well	8. Well Number 6
2. Name of Operator	HOBBS OCD	9. OGRID Number 873
Apache Corp.		10. Pool name or Wildcat
3. Address of Operator P O box Drawer D Monument NM 88265	JUN 1 0 2014	Eunice Monument G/SA
4. Well Location		
Unit LetterF:_1980feet from theNRECEIVED and1980feet from the Wline		
Section 29 Township 19S Range 37E NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING		
TEMPORARILY ABANDON		
PULL OR ALTER CASING MULTIPLE DOWNHOLE COMMINGLE	COMPL CASING/CEIVIEN	T JOB L
	☑ OTHER:	
OTHER: MPT  13. Describe proposed or completed operation	ns. (Clearly state all pertinent details, an	d 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 easing to 550 psi and chart the pressure for 32 minutes.		
	7 -	
Spud Date:	Rig Release Date:	·
<u> </u>		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
$\alpha > \alpha$		
SIGNATURE TITLE Instrument Tech DATE 6-6-14		
Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE:		
For State Use Only		
APPROVED BY: Bel Somanah TITLE Staf Manage DATE 6/11/2014		
Conditions of Approval (if any):		7.1/201