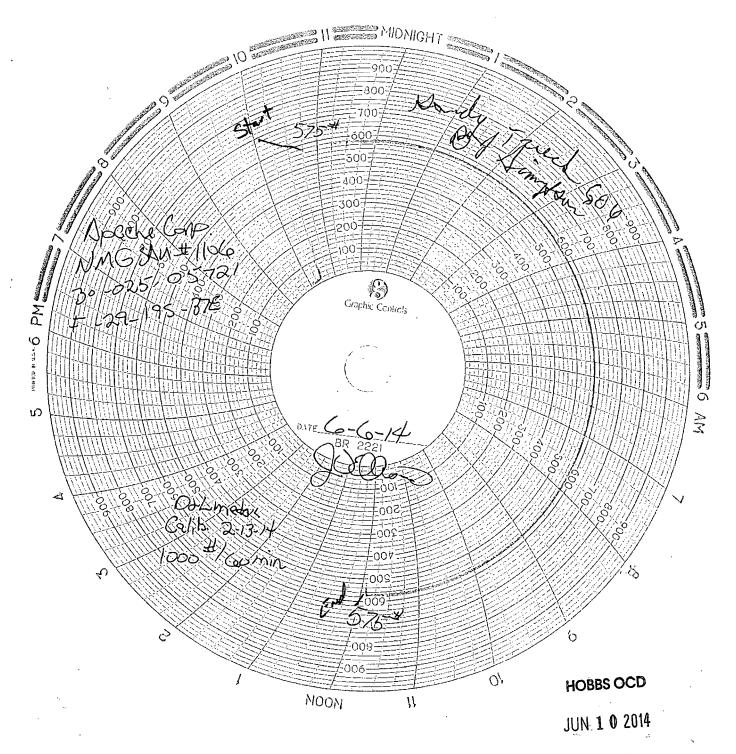
Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103 October 13, 2009
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	00000113,2007
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-05721	
District III	1220 South St. Francis Dr.		5. Indicate Type of STATE	of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas	
1220 S. St. Francis Dr., Santa Fe, NM	·		0. 0	J. 2011.01
87505 SUNDRY NOT	7. Lease Name or	Unit Agreement Name		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			<u> </u>	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		North Monument G/SA Unit Blk. 11		
1. Type of Well: Oil Well Gas Well Injection well HOBBS OCD			8. Well Number 6	
/2. Name of Operator		9. OGRID Number 873		
Apache Corp.  3. Address of Operator.	JUN 1 0	2014	10. Pool name or	Wildcat
P O box Drawer D Monument NM			Eunice Monument G/SA	
4. Well Location				
Unit LetterF:_1980feet from theRECEIVED line 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	, <del>-</del>			P AND A
PULL OR ALTER CASING				
DOWNINGEE []				,
OTHER:	OTH		MPT	
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.				
to the second control of the second control				
Move in a Gandy pump truck, Pressure test the easing to 575 psi and chart the pressure for 32 minutes.				
No pressure loss during the test.				
Could Date:	Rig Release Date:		, , , , , , , , , , , , , , , , , , , ,	
Spud Date:	Rig Release Date.			
•				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
0.200				
SIGNATURE	TITLEInstrume	ent Tech	DA	NTE 6-6-14
Toma on majort would be EUC	C 7 . 11 Pr	N DHE	adama na na	ONE
Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE:  For State Use Only				
APPROVED BY: Dill Xouramake TITLE Staff Manager DATE 6/4/2014				
Conditions of Approval (if any):				ll .

JUN 2 2 2014



RECEIVED

Bl 6/11/2014

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