| Submit I Copy To Appropriate District Stat   |                                       |  | State of New                           | Mexico                         | )                | Form C-103                        |                                      |                          |  |  |
|--|---------------------------------------|--|--|--------------------------------|------------------|-----------------------------------|--------------------------------------|--------------------------|--|--|
| Office<br><u>District 1</u> – (575) 393-6161   |                                       | Energy, 1  | Energy, Minerals and Natural Resources |                                |                  |                                   | Revised July 18, 2013 WELL API NO.   |                          |  |  |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II – (575) 748-1283  |                                       | 011 00   | OH, CONCERNATION DIVIGION              |                                |                  |                                   | NO.<br>21                            | _                        |  |  |
| 811 S. First St., Artesia, NM 88210  |                                       | OIL CONSERVATION DIVISION                        |  |                                |                  | 5. Indicate                       | Type of Lea                          | se                       |  |  |
| <u>District III</u> – (505) 334-6178<br>1000 Rio Brazos Rd., Aztec, NM 87410   |                                       | 1220 South St. Francis Dr.<br>Santa Fe, NM 87505 |  |                                |                  | STATE FEE                         |                                      |                          |  |  |
| <u>District IV</u> – (505) 4<br>1220 S. St. Francis I  |                                       | Salita Pe, Nivi 67303                            |  |                                |                  | 6. State Oil & Gas Lease No.      |                                      |                          |  |  |
| 87505  |                                       |  |  |                                |                  | B0-2330-00 <sup>2</sup>           |                                      |                          |  |  |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  |                                       |  |  |                                |                  |                                   | 7. Lease Name or Unit Agreement Name |                          |  |  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SECTION PROPOSALS.)   |                                       |  |  |                                |                  | NORTH MONUMENT G/SA UNIT (302708) |                                      |                          |  |  |
| PROPOSALS.) 1. Type of Well  | l: Oil Well 🔽                         | Gas Well   | Other                                  |                                |                  | 8. Well Number 1629 NMOCD:327     |                                      |                          |  |  |
| 2. Name of Ope   |                                       | SEP 2 4 2014                                     |  |                                |                  |                                   | 9. OGRID Number                      |                          |  |  |
| Apache Corporation   |                                       | - SEP X 4 LOV                                    |  |                                |                  | 873                               |                                      |                          |  |  |
| 3. Address of Operator 303 Veterans Airpark Lane, Suite 1000   |                                       | 4000 15:11                                       | •                                      |                                |                  | 10. Pool name or Wildcat          |                                      |                          |  |  |
|  | <u> </u>                              | RECE   | <b>NED</b>                             | EUNICE MONUMENT;GB-S/A (23000) |                  |                                   |                                      |                          |  |  |
| 4. Well Location   |                                       |  |  |                                |                  |                                   |                                      |                          |  |  |
|  |                                       |  |  |                                |                  |                                   |                                      |                          | line   |  |
| Section  | 32                                    |  | vnship 19S<br>(Show whether            | Range                          |                  | NMPM                              | Cour                                 | nty Lea                  |  |  |
|  |                                       | 11. Elevation                                    | 3565' GR                               |                                | o, K1, OK, eic., | ,                                 |                                      |                          |  |  |
| 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  |                                       | 330000000  |  |                                |                  |                                   | AA                                   | Parties application of a | 58 00° 22 2 2° 10 2° 20° 20° 20° 20° 20° 20° 20° 20° 20° |  |
| 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 □  |                                       |  |  |                                |                  |                                   |                                      |                          |  |  |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A   |                                       |  |  |                                |                  |                                   |                                      |                          |  |  |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB  |                                       |  |  |                                |                  |                                   |                                      |                          |  |  |
| DOWNHOLE CO  | OMMINGLE [                            |  |  | į                              |                  |                                   | _                                    |                          |  |  |
| CLOSED-LOOP  | SYSTEM [                              |  | . 🗖                                    |                                |                  |                                   |                                      |                          | _  |  |
| OTHER:   | nronosad or an                        | mplated aparations                               | (Clearly state                         |                                | HER:             | d give porting                    | nt dates in al                       | uding ost                | imated data  |  |
| - 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.   |                                       |  |  |                                |                  |                                   |                                      |                          |  |  |
| spache completed the following work:   |                                       |  |  |                                |                  |                                   |                                      |                          |  |  |
|  |                                       |  |  |                                |                  |                                   |                                      |                          |  |  |
| 7/16/2014: MIRU. POOH w/rod &pump. Acidize w/3500 gal NMGSAU Blend acid. RIH w/ prod equip. RIH w/pump & rods. RDMO. RTP   |                                       |  |  |                                |                  |                                   |                                      |                          |  |  |
|  |                                       |  |  |                                |                  |                                   |                                      |                          |  |  |
|  |                                       |  |  |                                |                  |                                   |                                      |                          |  |  |
|  |                                       |  |  |                                |                  |                                   |                                      |                          |  |  |
|  |                                       |  |  |                                |                  |                                   |                                      |                          |  |  |
|  |                                       |  |  |                                |                  |                                   |                                      |                          |  |  |
|  |                                       |  |  |                                |                  |                                   |                                      |                          |  |  |
|  |                                       |  |  |                                |                  |                                   |                                      |                          |  |  |
| <del></del>  | ,                                     |  |  |                                |                  |                                   |                                      |                          |  |  |
| Spud Date: 08  | 3/31/2001                             |  | Rig Release                            | Date:                          | 09/05/2001       |                                   |                                      |                          |  |  |
| . [08  |                                       |  | J                                      |                                |                  |                                   |                                      |                          |  |  |
|  |                                       |  |  |                                |                  |                                   |                                      |                          |  |  |
| I hereby certify the   | hat the information                   | on above is true ar                              | d complete to th                       | e best o                       | f my knowledg    | e and belief.                     |                                      |                          |  |  |
| $\cap$   | · - L                                 |  |  |                                |                  |                                   |                                      |                          |  |  |
| SIGNATURE  | aies Fri                              | Tue A  | TITLE Reg                              | TITLE Regulatory Analyst I     |                  |                                   | DATE 09/19/2014                      |                          |  |  |
| Y  | , , , , , , , , , , , , , , , , , , , | <u> </u>   |  |                                |                  |                                   |                                      |                          |  |  |
| Type or print nan  | ne Paige Futrell                      |  | E-mail add                             | ress: Pa                       | aige.Futrell@apa | checom:com                        | PHONE:                               | (432) 81                 | 18-1893  |  |
| For State Use O  | nly                                   | 7.1  |  | Datas                          | lours E          |                                   |                                      |                          |  |  |
| APPROVED BY  |                                       | mil  | TITLE                                  | reno                           | leum Engin       | eer                               | DATE                                 | 1991                     | 20/10  |  |
| Conditions of Ap   | proyal (if any):                      | - Cy   | 11100                                  |                                |                  |                                   |                                      |                          | -1/14  |  |

