Office District I		Mexico		Form C-103
	Energy, Minerals and N	Natural Resources	WELLABING	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-025-33687	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Leas	<u> </u>
District III	1220 South St. Francis Dr.			FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM	4 87505	6. State Oil & Gas Lease	····
1220 S. St. Francis Dr., Santa Fe, NM				
87505 SUNDRY NOTIC	ES AND REPORTS ON WE	LLS	7. Lease Name or Unit A	greement Name
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA			7. Bease Hame of Office	igreement rame
DIFFERENT RESERVOIR. USE "APPLICA" PROPOSALS.)	ATION FOR PERMIT" (FORM C-10	1) FOR SUCTION	McGrail St.	
1. Type of Well: Oil Well	Gas Well 🔲	DEC 1:0 2044	8. Well Number 10	
2. Name of Operator		DEC 1 2 2014	9. OGRID Number 873	
Apache Corp.				
3. Address of Operator	9275	RECEIVED	10. Pool name or Wildca	it .
P O box Drawer D Monument NM 8	8265		Monument Abo	
4. Well Location		•		
Unit LetterN:	400feet from the	S line and	1650feet from	n the
Wline				
Section 26	Township 17S	Range 36E		ea County
	11. Elevation (Show whether	DR, RKB, RT, GR, etc.,		
10 61 1		27		
12. Check Ap	opropriate Box to Indicate	e Nature of Notice,	Report or Other Data	
NOTICE OF INT	ENTION TO:	SUB	SEQUENT REPORT	· OE·
	PLUG AND ABANDON	REMEDIAL WOR		RING CASING □
_ /	CHANGE PLANS	COMMENCE DRI		
	MULTIPLE COMPL	CASING/CEMENT		٠. ــــــــــــــــــــــــــــــــــــ
DOWNHOLE COMMINGLE			. Ц	
	•			
OTHER:		OTHER:	1	
13. Describe proposed or comple				
of starting any proposed work proposed completion or record	k). SEE RULE 19.15.7.14 NN	VIAC. For Multiple Cor	npictions: Attach wellbore	diagram of
proposed completion of fecor	npicuon.			
Perfs 7020-7427				
Plan to MIRU & POOH with tubing. I	e i		ent on top. Load the casing	with
Packer fluid, pressure test to 500 psi, &	& chart the test for 30 minutes			
	x chart the test for 50 minutes	5.		
	& chart the test for 50 minutes	S.		
Condition of Approval:		s.		<u> </u>
Condition of Approval:	notify	er e e e		2AM
OCD Hobbs office 24	notify hours	er e e e	T WELLBORE DIAGE	RAM
1	notify hours	er e e e	Γ WELLBORE DIAG	RAM
OCD Hobbs office 24	notify hours	er e e e	T WELLBORE DIAGE	RAM
OCD Hobbs office 24	notify hours	er e e e	Γ WELLBORE DIAGI	RAM
OCD Hobbs office 24 prior of running MIT Tes	notify hours t & Chart	C.O.ASUBMIT	Γ WELLBORE DIAGI	RAM
OCD Hobbs office 24	notify hours	C.O.ASUBMIT	Γ WELLBORE DIAGI	MAS
OCD Hobbs office 24 prior of running MIT Tes	notify hours t & Chart	C.O.ASUBMIT	Γ WELLBORE DIAGI	RAM
OCD Hobbs office 24 prior of running MIT Test Spud Date:	notify hours t & Chart Rig Release	C.O.ASUBMIT		RAM
OCD Hobbs office 24 prior of running MIT Test Spud Date:	notify hours t & Chart Rig Release	C.O.ASUBMIT		MAS
OCD Hobbs office 24 prior of running MIT Test Spud Date:	notify hours t & Chart Rig Release	C.O.ASUBMIT	e and belief.	
OCD Hobbs office 24 prior of running MIT Test Spud Date:	notify hours t & Chart Rig Release pove is true and complete to the	C.O.ASUBMIT The Date: The best of my knowledge Instrument Tech	e and belief.	12-11-14
OCD Hobbs office 24 I prior of running MIT Test Spud Date: I hereby certify that the information at SIGNATURE	notify hours t & Chart Rig Release pove is true and complete to the	C.O.ASUBMIT The Date: The best of my knowledge Instrument Tech	e and belief.	12-11-14
OCD Hobbs office 24 I prior of running MIT Test Spud Date: I hereby certify that the information about SIGNATURE Type or print name Jim Ellison	notify hours t & Chart Rig Release pove is true and complete to the	C.O.ASUBMIT The Date: The best of my knowledge Instrument Tech	e and belief.	12-11-14
OCD Hobbs office 24 I prior of running MIT Test Spud Date: I hereby certify that the information at SIGNATURE	notify hours t & Chart Rig Release pove is true and complete to the	C.O.ASUBMIT The Date: The best of my knowledge Instrument Tech	e and belief. DATE_A acheccorp.com_PHONE: S	12-11-14
OCD Hobbs office 24 prior of running MIT Test Spud Date: I hereby certify that the information about SIGNATURE Type or print name Jim Ellison For State Use Only	notify hours t & Chart Rig Release pove is true and complete to the	C.O.ASUBMIT The Date: The best of my knowledge _Instrument Tech dress: _JD.Ellison@apa	e and belief. DATE_A acheccorp.com_PHONE: S	12-11-14
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OCD Hobbs office 24 prior of running MIT Test Spud Date: I hereby certify that the information about SIGNATURE Type or print name Jim Ellison For State Use Only	notify hours t & Chart Rig Release pove is true and complete to the	C.O.ASUBMIT The Date: The best of my knowledge _Instrument Tech dress: _JD.Ellison@apa	e and belief. DATE_/ acheccorp.com_PHONE:	12-11-14