Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 Revised July 18, 2013
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240		WELL API NO.	
<u>Dístrict II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION		30-025-42055 5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505		STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Sama re, mivi	1 67303	6. State Oil & Gas Lease No.
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPERTY OF THE PROPERTY	TICES AND REPORTS ON WEL		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPL" PROPOSALS.)			WARN STATE AC 2
1. Type of Well: Oil Well	Gas Well Other	HOBBSOCD	8. Well Number
2. Name of Operator APACHE CORPORATION	/	DEC 1 9 2014	9. OGRID Number 873
3. Address of Operator	TE CLUTTE 1000 1 (EST 1315) TEX		10. Pool name or Wildcat
303 VETERANS AIRPARK LAN	E, SUITE 1000, MIDLAND, TX	19705 CEIVE	VACUUM; UPPER PENN, WOLFCAMP, ABO REEF
4. Well Location			
Unit Letter C: 330 feet from the NORTH line and 2310 feet from the WEST line			
Section 6	Township 18S 11. Elevation (Show whether I	Range 35	
	in the value of the value of the	51t, 101 <i>D</i> , 1(1, 01t, 01c.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	-
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMENT	T JOB L
CLOSED-LOOP SYSTEM			
OTHER:		OTHER: CHANGE	FROM VERTICAL TO DIRECTIONAL
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.			
APACHE WISHES TO AMEND WARN STATE AC 2 27 FROM A VERTICAL TO DIRECTIONAL			
•			
FROM: SHL 330 FNL & 2310 FWL			
<u>TO:</u> SHL 330 FNL & 2			
BHL: 330 FNL & 2226 FWL			
Spud Date:	Rig Release I	Date:	
		<u> </u>	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Muhlle Cooper TITLE Dolg Tech DATE 12-17-14			
Type or print name Michille Cooper E-mail address: michille.cooper@apache PHONE: 432-818-1168			
<u> </u>			
APPROVED BY:	TITLE P	etroleum Engineer	DAIL
Conditions of Approval (if any):			DEC 22 2014 M