

Submit 1 Copy To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

HOBBS OGD

Form C-103  
 October 13, 2009

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Injection well		WELL API NO: 30-025-05770
2. Name of Operator Apache Corp.		5. Indicate Type of Lease FEDERAL <input checked="" type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator P O box Drawer D Monument NM 88265		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>K</u> : <u>2310</u> feet from the <u>S</u> line and <u>2310</u> feet from the <u>W</u> line Section <u>31</u> Township <u>19S</u> Range <u>37E</u> NMPM Lea County		7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 15 ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		8. Well Number 11 ✓
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		9. OGRID Number 873
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		10. Pool name or Wildcat Eunice Monument G/SA
OTHER: <input type="checkbox"/>		10. Pool name or Wildcat Eunice Monument G/SA

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

Plan to MIRU & POOH with tubing & packer. Repair or replace the tbg & packer. Will load the casing with packer fluid & pressure Test the casing.

Spud Date:  Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jim Ellison TITLE Instrument Tech DATE 12-16-14  
 Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE: 575-249-7734  
**For State Use Only**

APPROVED BY: Bill Semamak TITLE Staff Manager DATE 12/24/2014  
 Conditions of Approval (if any):

DEC 29 2014