Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 Revised July 18, 2013	
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Nat	Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION		d July 18, 2013
District II - (575) 748-1283	OIL CONSERVATION			
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505			5. Indicate Type of Lease STATE FEE	
		6. State Oil & Gas Lease No.		
		29451		
SUNDRY NOTICES AND REPORTS ON WELLS (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 Gas Well Other			7. Lease Name or Unit Agree MAE F. CURRY	ement Name
			8. Well Number 004	
2. Name of Operator		1 1 0 201	9. OGRID Number 873	
APACHE CORPORATION	X	N 1 3 2015		
3. Address of Operator 303 VETERANS AIRPARK LN	#1000, MIDLAND, TX 79705	ner de cesto deserv	10. Pool name or Wildcat HARDY (TUBB- DRINKA	RD)
4. Well Location		ECENED 191	l	
Unit LetterC:_	660_feet from the North	<u>1 line and2026</u>	feet from theWES	Tline
Section 07	Township 21S	Range 37E	NMPM County	, LEA
	11. Elevation (Show whether DF 3497'	R, RKB, RT, GR, etc.)		
	3471			<u> </u>
12. Check Ap	opropriate Box to Indicate N	Nature of Notice,	Report or Other Data	
NOTICE OF INT	ENTION TO:	SUB	SEQUENT REPORT OF	₹:
PERFORM REMEDIAL WORK 🗌	PLUG AND ABANDON 🔲	REMEDIAL WORK	ALTERING	CASING [
	CHANGE PLANS	COMMENCE DRI		
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMENT	JOB []	
CLOSED-LOOP SYSTEM				
OTHER:		OTHER: SURFA	CE RESTORATION	<u> </u>
13. Describe proposed or comple of starting any proposed work proposed completion or record	<). SEE RULE 19.15.7.14 NMA			
	•			
	HAS BEEN CONSTRUCTED & OF LOCATION & DRY HOLE	INSTALLED. CE	LLAR BOARDS HAVE BEEN	
(
Spud Date:	Rig Release Da	ato:		
I hereby certify that the information ab	ove is true and complete to the b	est of my knowledge	and belief.	
I Q	1			
SIGNATURE Son O	TITLE_SUI	PV OF DRLG SERV	'ICESDATE 1/8/15	Party with the control of the contro
Type or print name Sorina L. A	Flores E-mail address	z·	PHONE: 427	-818-1167
For State Use Only	D-man address	J	THORE.	
N	11 \ Pm.	-1:	DATE 1/13	12015
APPROVED BY: \(\text{Uarth}\) Conditions of Approval (if any):	ntamTITLE LOW	Duance UH	DATE 1113	, 2013
Conditions of Approval (II any):		•	JAN 1	4 2015 W