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

Form C-103
October 13, 2009

WELL API NO. 30-025-33607	
5. Indicate Type of Lease STATE ☑ FEE ☐	
6. State Oil & Gas Lease No.	
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.)	7. Lease Name or Unit Agreement Name McGrail State
1. Type of Well: Oil Well ☑ Gas Well ☐	8. Well Number 9
2. Name of Operator Apache Corp.	9. OGRID Number 873
3. Address of Operator P O box Drawer D Monument NM 88265	10. Pool name or Wildcat Monument Abo
4. Well Location Unit Letter K : 1980 feet from the S line and 1650 feet from the W line Section 26 Township 19S Range 36E NMPM Lea County	
	11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*

HOBBS OCD
MAR 25 2015
RECEIVED

12. Check A[illegible] licate Nature of Notice, Report or Other Data

E-PERMITTING
INT to PA ____
P&A R ____
P&A NR ____
DHC COMP ____
CHG Loc ____
CSNG ____
TA P.M.
RBDMS

		SUBSEQUENT REPORT OF:	
		REMEDIAL WORK ☐	ALTERING CASING ☐
		COMMENCE DRILLING OPNS. ☐	P AND A ☐
		CASING/CEMENT JOB ☐	
O	☐	OTHER: MPT ~~5 Year~~ 24 year	☑

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.

3/23/15
Move in Maclaskey pump truck # 51 & pressure up on the casing to 560 #. We ran a chart for 30 minutes with a 5 pound loss during the test to 555 #. Apache requests a continued TA status for this well.

This Approval of Temporary Abandonment Expires 3/23/2017

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 [signature] TITLE Instrument Tech DATE 3-24-15

Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE: 575-441-1734

For State Use Only

APPROVED BY: [signature] TITLE Dist. Supervisor DATE 3/26/2015

Conditions of Approval (if any):

MAR 31 2015

MIDNIGHT
6 AM
NOON
6 PM
Graphic Controls
DATE 3-23-15
BR 2221
Apache Corp
McGrath St #1
30-025-33601
K-26-19S-36E
560#
5 yel 1st
Maxsteel #1
5-25-15
Pull
6-15-2-20-15
Maskon Services
1000#/60min
HOBBS OCD
MAR 25 2015
RECEIVED
PRINTED IN U.S.A.