

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

Form C-103  
 October 13, 2009

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

|   |   |
|---|---|
| WELL API NO.<br>30-025-05747  | / |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |   |
| 6. State Oil & Gas Lease No.  |   |
| 7. Lease Name or Unit Agreement Name<br>North Monument G/SA Unit Blk. 10                            | / |
| 8. Well Number 5  | / |
| 9. OGRID Number 873   |   |
| 10. Pool name or Wildcat<br>Eunice Monument G/SA  |   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |   |

**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  Injection well

2. Name of Operator  
Apache Corp.

3. Address of Operator  
P O box Drawer D Monument NM 88265

4. Well Location  
 Unit Letter E : 1980 feet from the N line and 660 feet from the W line  
 Section 30 Township 19S Range 37E NMPM Lea County

HOBS OGD  
 MAR 23 2015  
 RECEIVED

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

|  |   |  |  |
|--|---|--|--|
| <b>NOTICE OF INTENTION TO:</b>                 |   | <b>SUBSEQUENT REPORT OF:</b>                     |  |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>           | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/>         |
| PULL OR ALTER CASING <input type="checkbox"/>  | MULTIPLE COMPL <input type="checkbox"/>   | CASING/CEMENT JOB <input type="checkbox"/>       |  |
| DOWNHOLE COMMINGLE <input type="checkbox"/>    |   |  |  |
| OTHER: <u>MPT</u>                              | <input checked="" 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 move in a pump truck. Pressure test the casing to 500 psi and chart the pressure for 32 minutes.

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 3-23-15  
 Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE: 575-441-7734  
**For State Use Only**  
 APPROVED BY: Bill Sanamok TITLE Staff Manager DATE 3/31/2015  
 Conditions of Approval (if any):

APR 02 2015 R-AM