Submit 1 Copy To Appropriate District Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 District II	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 October 13, 2009 WELL API NO.
I301 W. Grand Ave., Artesia, NM 88210District III1000 Rio Brazos Rd., Aztec, NM 87410District IV1220 S. St. Francis Dr., Santa Fe, NM	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	30-025-33567 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICAT PROPOSALS.)	ES AND REPORTS ON WELLS LS TO DRILL OR TO DEEPEN OR PLUG BACK TO A FION FOR PERMIT" (FORM C-101) FOR SUCH HOBSS OCD as Well	7. Lease Name or Unit Agreement Name W A Weir 8. Well Number 11
2. Name of Operator Apache Corp.	JUL 0 6 2015	9. OGRID Number
3. Address of Operator P O box Drawer D Monument NM 88	RECEIVED	10. Pool name or Wildcat Tubb/Drinkard
4. Well Location Unit LetterL: Westline	1680feet from theNorth lin	ne and580feet from the
Section 35		36E NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, et	rc.)
12 Chack An	propriate Poy to Indicate Nature of Notice	- Roport or Other Data

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

E-PERMITTING <swdinjections CONVERSIONRBDMS RETURN TOTA</swdinjections 	SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A CASING/CEMENT JOB I
CSNG CHGLOC	
	OTHER: Extend TA status

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.

Perfs 6549 - 6674 CIBP @ 6500'

Moved in Maclaskey truck # 51 & pressured up the casing to 600 psi. Bled the pressure off & pressured up to 535 lbs. for 30 minutes With a 5 lb. loss in pressure. Apache requests an extension of TA status for this well. This Approval of Temporary

Abandonment Expires_7 2017

Spud Date:	Rig Release Date:	- h
I hereby certify that the information above is true a	and complete to the best of my knowledge and	l belief.
SIGNATUREJim Ellison	TITLEInstrument Tech E-mail address: JD.Ellison@apachec	DATE7-1-15 ccorp.com_ PHONE: 575-4441-7734
Ear State Use Only N	VTITLE Dest Supervis	

'JUL 1 3 2015

