Submit 1 Copy To Appropriate District Office	Fice State of New Mexico State of New Mexico Energy, Minerals and Natural Resources Strict II – (575) 393-6161 Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		Form C-103 Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
811 S. First St., Artesia, NM 88210			30-025-06372 5. Indicate Type of	of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas Lease No. B-9745	
87505 SUNDRY NO	TICES AND REPORTS ON WELLS			Unit Agreement Name
(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.)			Northeast Drinkard Unit (NEDU) / 22503	
1. Type of Well: Oil Well Gas Well Other Injection Well HOBBS OCT			8. Well Number	322 —
2. Name of Operator Apache Corporation	<u> </u>		9. OGRID Number	
3. Address of Operator		10. Pool name or Wildcat		
303 Veterans Airpark Lane, Suite 1000 Midland, TX 79705			Eunice; B-T-D, North (22900)	
4. Well Location	1090 South	RECEIVED		\\/aat
Unit Letter S / K	: 1980feet from the South	line and 1980		n the West line
Section 2	Township 21S Ra 11. Elevation (Show whether DR,	nge 37E	NMPM	County Lea
	3488' GL	KKB, KI, GK, etc.)		
PERFORM REMEDIAL WORK [TEMPORARILY ABANDON [PULL OR ALTER CASING [DOWNHOLE COMMINGLE [CLOSED-LOOP SYSTEM [OTHER: 13. Describe proposed or cor of starting any proposed proposed completion or r	CHANGE PLANS MULTIPLE COMPL mpleted operations. (Clearly state all pwork). SEE RULE 19.15.7.14 NMAC	REMEDIAL WORK COMMENCE DRII CASING/CEMENT OTHER: ANNUAL ertinent details, and For Multiple Con	LING OPNS. JOB MIT PRESSURE T	ALTERING CASING P AND A DEST S, including estimated date
Spud Date: 5/9/1951	Rig Release Da	te: 5/21/1951		
I hereby certify that the information	on above is true and complete to the be	est of my knowledge	e and belief.	
SIGNATURE RIESO 7				TE_7/20/2015
Type or print name Reesa Fisher	E-mail address	. Reesa.Fisher@apa	checorp.com PH(ONE: (432) 818-1062
For State Use Only	7			
APPROVED BY: Bill Somanah TITLE Staff Manager DATE 8/7/2015- Conditions of Approval (if any):				
Conditions of Approval (11 ally).				

AUL 1 4 2015

