Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103		
District I – (575) 393-6161	rench Dr., Hobbs, NM 88240 - (575) 748-1283		Revised July 18, 2013 WELL API NO.		
<u>District II</u> – (575) 748-1283			30-025-06595		
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE 6. State Oil & C	FEE 🗸	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Po, Toni o	7303	o. State Off & C	ras Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or 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		Northeast Drinkard Unit (NEDU) / 22503			
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other Injection We	HOBBS OCD	8. Well Number	709	
Name of Operator Apache Corporation		illi e e aur	9. OGRID Num 873	ber	
3. Address of Operator	JUL % & 2015		10. Pool name or Wildcat		
303 Veterans Airpark Lane, Suite	erans Airpark Lane, Suite 1000 Midland, TX 79705		Eunice; B-T-D, North (22900)		
4. Well Location RECEIVED					
Ont Letter	: 1980 feet from the South	line and 660		om the East line	
Section 15		ange 37E	NMPM	County Lea	
	11. Elevation (Show whether DR 3413' GL	, RKB, RT, GR, etc.)		34 St. 184	
	3410 OL				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK					
TEMPORARILY ABANDON					
PULL OR ALTER CASING		CASING/CEMENT	JOB 🗆		
DOWNHOLE COMMINGLE	-			•	
CLOSED-LOOP SYSTEM COTHER:	,	OTHER: ANNUAL	MIT PRESSURE	TEST 7	
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.					
pache performed a pressure test on 6/17/2015; see passing chart attached.					
Spud Date: 11/16/1948	Rig Release Da	ate: 40/00/4040			
11/16/1948	Rig Release De	ate: 12/29/1948			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE KOESA AS	TITLE Sr. Sta	ff Reg Analyst	D	ATE 7/20/2015	
Type or print name Reesa Fisher	F-mail addres	s; Reesa.Fisher@apa	checorp.com p	HONE: (432) 818-1062	
For State Use Only	D man address.	·			
APPROVED BY: Delsonanche TITLE Stuff Manager DATE 8/7/2015					
Conditions of Approval (if any):		A z			

AUG 1 4 2015

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