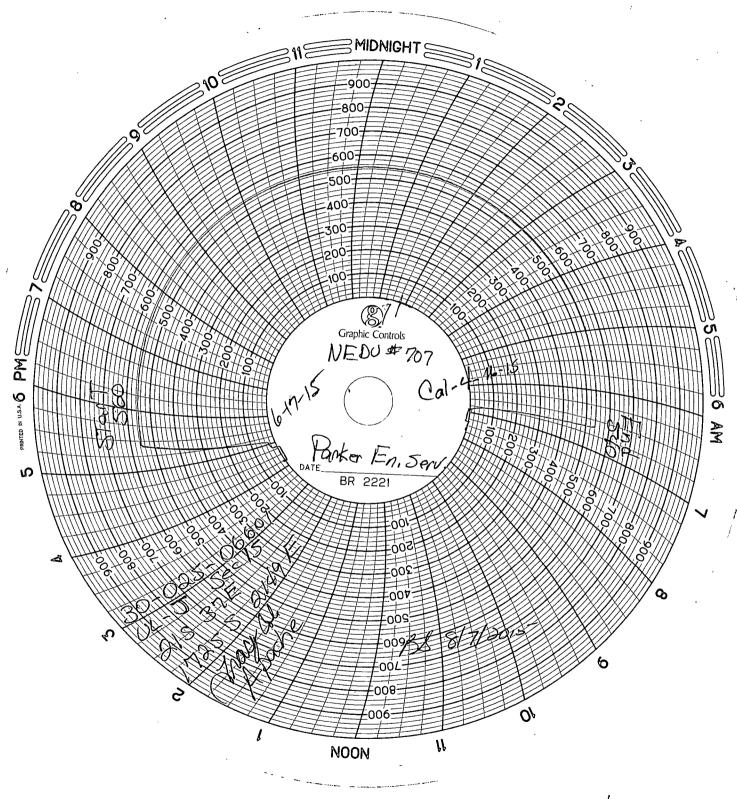
Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I - (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283	OH CONCEDENT TO THE TOTAL		30-025-06601	
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		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 L	Lease No.
87505				
	TICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PL		7. Lease Name or U	nit Agreement Name
	ICATION FOR PERMIT" (FORM C-101) FOR SUCH		Northeast Drinkard Unit (NEDU) / 22503 /	
1. Type of Well: Oil Well	Gas Well Other Injection We	HOBBS O	& Well Number 70	7
2. Name of Operator Apache Corporation			9. OGRID Number	
3. Address of Operator		JUL 2 3 2	10. Pool name or W	ildcat
303 Veterans Airpark Lane, Suite 1	000 Midland, TX 79705		Eunice; B-T-D, North	1
4. Well Location		RECEIVE)	
Unit Letter	feet from the South	line and 214	get from t	he East line
Section 15	Township 21S R	ange 37E	NMPM C	County Lea
	11. Elevation (Show whether DR	R, RKB, RT, GR, etc.,)	
	. 3435' DF			
12 Charle	Annua di da Dan da India da N	Internal of Ninting	D O4l D	- 4 -
12. Check	Appropriate Box to Indicate N	Nature of Notice,	Report or Other Da	ata
NOTICE OF I	NTENTION TO:	SUB	SEQUENT REPO	ORT OF:
PERFORM REMEDIAL WORK		REMEDIAL WOR		TERING CASING 🗌
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI		AND A
PULL OR ALTER CASING	-	CASING/CEMEN	T JOB 🔲	
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM OTHER:	'	OTHER: ANNUA	L MIT PRESSURE TE	ST 🔽
	pleted operations. (Clearly state all			
	ork). SEE RULE 19.15.7.14 NMA	C. For Multiple Cor	npletions: Attach well	bore diagram of
proposed completion or re	completion.			
Apache performed a pressure test or	n 6/17/2015; see passing chart attacl	hed.		
spacific performed a procedure test of	refirmed to, ode passing shart attack			
				٦
Spud Date: 5/5/1952	Rig Release D	ate: 6/23/1952		
5/5/1952		0,20,1002]
I hereby certify that the information	above is true and complete to the b	est of my knowledg	e and belief.	
\wedge	•			
SIGNATION ROOM	/ THE P St St	aff Reg Analyst	D.A.CC	₃ 7/20/2015
SIGNATURE Plan IV	IIILE SI. Ste	an Neg Analyst	DATE	
Type or print name Reesa Fisher	E-mail addres	Ss: Reesa.Fisher@apa	achecorp.com PHON	NE: (432) 818-1062
For State Use Only				
Bian	1 01	10.00	-	8/7/10 -
APPROVED BY: July Son	-aman TITLE 2/2	off Monag	DATE	91/0015
Conditions of Approval (if any):			Alic	
			AUG 1 4 2015	· W
			- & ZU]	,



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