| Submit I Copy To Appropriate District Office | State of New 1 | Mexico | | Form C-103 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------|-------------------|
| <u>District I</u> – (575) 393-6161 | Energy, Minerals and Natural Resources | | | sed July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240 | | | WELL API NO. | _ |
| <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 30-025-26990 - | |
| <u>District III</u> – (505) 334-6178 | 1220 South St. Francis Dr. | | 5. Indicate Type of Lease STATE FE | E 🔽 |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 | Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No | |
| 1220 S. St. Francis Dr., Santa Fe, NM | , | | o. State Off & Gas Ecase No | · |
| 87505 SUNDRY NOT | TICES AND REPORTS ON WEL | 1.5 | 7. Lease Name or Unit Agre | ement 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.) | | | • | 1 |
| | | | Northeast Drinkard Unit (NED | 10) /22503 |
| 1. Type of Well: Oil Well | Gas Well Other Injection \ | Mell | 8. Well Number 202 | |
| 2. Name of Operator | | | 9. OGRID Number | |
| Apache Corporation | | JUL 2 3 2015 | 873 | |
| 3. Address of Operator | 1000 M. H. J. TV 70705 | | 10. Pool name or Wildcat | |
| 303 Veterans Airpark Lane, Suite 1 | | RECEIVED | Eunice; B-T-D, North (22900) |) |
| 4. Well Location | 3330 foot from the North | 1 167 | a a . Fast | |
| Onk Letter | ieet nom the | line and <u>467</u> | | اد |
| Section 4 | Township 21S | Range 37E | NMPM County L | _ea |
| A STATE OF THE STA | 11. Elevation (Show whether 1 3452) | • | | |
| | 3432 | <u> </u> | | |
| | CHANGE PLANS MULTIPLE COMPL | all pertinent details, and IAC. For Multiple Con | LLING OPNS. P AND A T JOB D L MIT PRESSURE TEST d give pertinent dates, including | |
| Spud Date: 10/9/1980 | Rig Release | Date: 11/4/1981 | | |
| I househy coutify that the inference in | a phono is two and accomplate to the | a hast of my knowled- | a and haliaf | |
| I hereby certify that the information | above is true and complete to th | e best of my knowledg | e and belief. | |
| () 1 | * A | | | |
| SIGNATURE TILSA M | the TITLE Sr. : | Staff Reg Analyst | DATE 7/20/20 | D15 |
| Type or print name Reesa Fisher | F-mail add | ress: Reesa.Fisher@apa | achecorp.com PHONE: (432 | 2) 818-1062 |
| For State Use Only | L-man add | 1033. | THONE. | |
| APPROVED BY: Conditions of Approval (if any): | emanak TITLE_ | Staff Mana | 96 DATE 8/: | 7/2015 |
| | | A | Lu 1 4 2015 | f m |

