

Submit 1 Copy To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 October 13, 2009

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO.
 30-025-05752
 5. Indicate Type of Lease
 STATE FEE
 6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
 (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. Type of Well: Oil Well Gas Well Injection well **HOBBS OCD**

2. Name of Operator
 Apache Corp. **AUG 25 2015**

3. Address of Operator
 P O box Drawer D Monument NM 88265 **RECEIVED**

4. Well Location
 Unit Letter M : 330 feet from the S line and 330 feet from the W line
 Section 30 Township 19S Range 37E NMPM Lea County

7. Lease Name or Unit Agreement Name
 North Monument G/SA Unit Blk. 10

8. Well Number 13

9. OGRID Number 873

10. Pool name or Wildcat
 Eunice Monument G/SA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <u>MPT</u>	<input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>	<input type="checkbox"/>

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 3,761 – 3,790
 O H 3,790 – 3,899

Plan to move in a Lucky rig & POOH with tubing & packer. RIH with new tubing & packer & test to 500 psi
 Packer set +- 3,727

**Condition of Approval: notify
 OCD Hobbs office 24 hours
 prior of running MIT Test & Chart**

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Instrument Tech DATE 8-25-15
 Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE: 575-441-7734

For State Use Only
 APPROVED BY: Mary Brown TITLE Dist Supervisor DATE 8/31/2015
 Conditions of Approval (if any):

AUG 31 2015

AM