Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO.	May 27, 2004
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			5 Indiana Tana	30-025-06653
District III	1220 South St. Francis Dr.			5. Indicate Type STATE	FEE X
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505			6. State Oil & G	as Lease No.
87505					TT.'A A A Name
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.)				Hardy Blinebry	
1. Type of Well: Oil Well X Gas Well Other				8. Well Number 2	
2. Name of Operator Apache Corporation				9. OGRID Number 00873	
3. Address of Operator 6120 South Yale, Suite 1500				10. Pool name or Wildcat	
Tulsa, OK 74136-4224 4. Well Location				Blinebry Oil & Gas 06660	
Unit Letter O : 660 feet from the South line and 1980 feet from the East line					
Section 17 Township 21S Range 37E NMPM CountyLea					
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3478' GR					
Pit or Below-grade Tank Application or Closure					
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water					
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORT TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR					ALTERING CASING BANDA
TEMPORARILY ABANDON X PULL OR ALTER CASING			CASING/CEMEN		P AND A
	MOETH EE OOM E				
OTHER: 13 Describe proposed or com	pleted operations. (Clearly	state all	OTHER:	nd give pertinent da	tes, including estimated date
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.					
 Notify NMOCD at least 24 hrs POH with production equipmer Set CIBP @ +/- 5500' with 35' Perform MIT. Pressure test cases. Circ inhibitor. Secure well for TA status. 	nt. cement.				
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines \Box , a general permit \Box or an (attached) alternative OCD-approved plan \Box .					
SIGNATURE CA	me Linton	TITLE Er	ngineering Technici	an	DATE_12/07/2005
Type or print name Elaine Linton E-mail address:elaine.linton@apachecon For State Use Only					•
APPROVED BY: Saugh).12) enb	TIPAR es	ELD REPRESENTA	TIVE HISTAFF AAR	NAGES DATE
Conditions of Approval (if arry):		.11 010 E	ETTO NET NEOFE		DEC 1 2 200

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