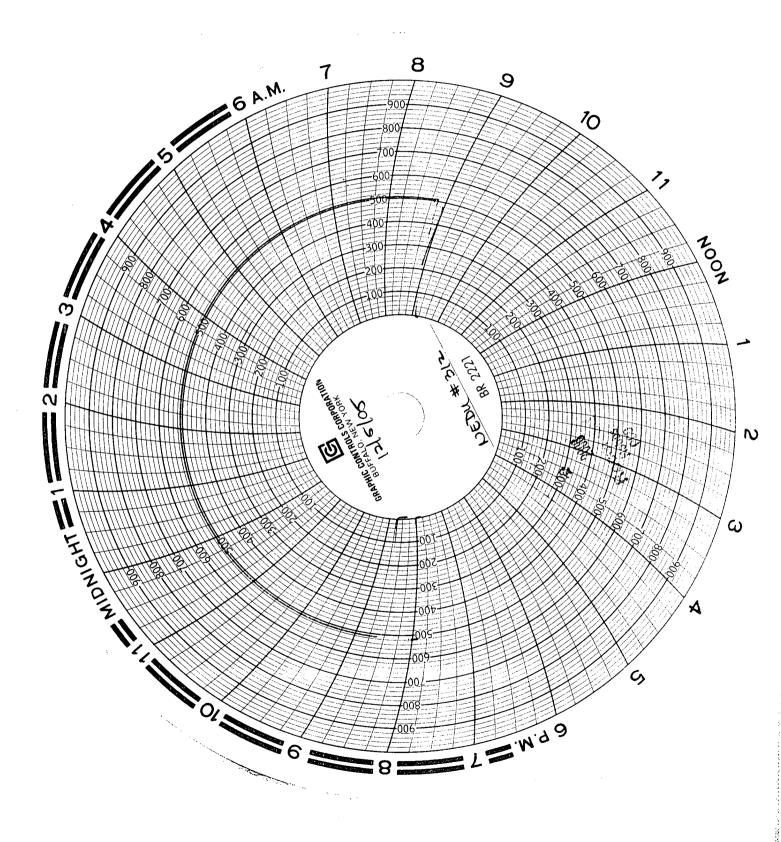
| WELL API NO 30-025-06489 | Office | State of New Mexico | Form C-103 |
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| District 130 W. Grand Ave., Artesia, NM 8210 DIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505 STATE NFE STATE FEE STATE NFE STATE NFE STATE NFE STATE NFE | District I | Energy, Minerals and Natural Resources | May 27, 2004 WELL API NO. |
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| 1.1. Elevation (Show whether DR RRB, Rt. Get from the West line Section 2 1. Elevation (Show whether DR RRB, Rt. Get from the West line Relative Talk Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION 1. Destribe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of shartness and multiple Completions. Attach wellbore diagram of proposed completion or recompletion. Thereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or belowgrade task has been will be information above is true and complete to the best of my knowledge and belief. I further certify that any pit or belowgrade task has been will be information above is true and complete to the best of my knowledge and belief. I further certify that any pit or belowgrade task has been will be instructed or closely secretary to home the state of shartness. DATE 11/30/2005 DATE 11 | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name DIFFRENT RESERVOR USE APPLICATION FOR PRIMIT (PORM C-10) FOR SUCH PROTOSALS) 1. Type of Well: Oil Well 3. — Gas Well OtherSource Well 8. Well Number 21 2. Name of Operator Apache-NEDU 312S) 1. Type of Well: Oil Well 3. — Gas Well OtherSource Well 9. OGRID Number 00873 10. Pool name or Wildcat Hare; San Andres 10. Pool name or Wildcat 10. Pool name or | 1220 S. St. Francis Dr., Santa Fe, NM | , | o. State on & Sas Bease No. |
| 1. Type of Well: Oil Well Gas Well OtherSource Well 9. OGRID Number 21 | 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 | | State Section 2 (Apache - NEDU 312S) |
| Apache Corporation 3. Address of Operator 6120 South Yals, Suite 1500 10. Pool name or Wildcat Hare; San Andres 4. Well Location Unit Letter T : 2205 feet from the South line and 988 feet from the West line Section 2 Township 21S Range 37E NMPM County Lead 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3486 DF 11 type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water PH United Talckness: nall Below Grade Tank: Volume bibls; Construction Material 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUS AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent diagram of proposed completion or recompletion. EXTEND TA STATUS Test Date: 12/5/2005 Pressure: 505 psi Length: 30 mins Witnessed: No M.I.T. chart attached This Approval of Temporary Andrew of Completions: Attach wellbore diagram of proposed completion or recompletion. EXTEND TA STATUS Test Date: 12/5/2005 Pressure: 505 psi Length: 30 mins Witnessed: No Ilbereby 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 by Jonstructed or closed recompletion of the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will by Jonstructed or closed recompletion of the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will by Jonstructed or closed recompletion of the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will by Jonstructed or closed recompletion of the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will by Jonstructed or closed recompletion. T | | | 8. Well Number 21 |
| 3. Address of Operator 6120 South Yale, Suite 1500 | 2. Name of Operator | | 9. OGRID Number 00873 |
| A. Well Location Unit Letter T 2205 feet from the South line and 988 feet from the West line Section 2 Township 21S Range 37E NMPM CountyLeaq 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3486 DF | | | 10. Pool name or Wildcat |
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