

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

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

WELL API NO. 30-025-12467
5. Indicate Type of Lease STATE [checked] FEE []
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name State V
8. Well Number 3
9. OGRID Number 873
10. Pool name or Wildcat Eumont Yates 7RQ

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 [checked]

2. Name of Operator Apache Corp.

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

4. Well Location Unit Letter H : 2310 feet from the N line and 330 feet from the E line Section 36 Township 19S Range 36E NMPM Lea County



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:

- PERFORM REMEDIAL WORK [] PLUG AND ABANDON []
TEMPORARILY ABANDON [checked] CHANGE PLANS []
PULL OR ALTER CASING [] MULTIPLE COMPL []
DOWNHOLE COMMINGLE []

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] P AND A []
CASING/CEMENT JOB []

OTHER: []

OTHER: []

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 3165' - 3458'

Plan to move in PU & POOH with tbg. RIH with CIBP & set @ +- 3115' & dump 35' of cement on top of the plug. Load the casing with packer fluid & pressure test to 500 psi & chart the results.

See Attached Conditions of Approval: SUBMIT WELLBORE DIAGRAM

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 2/16/2016

Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE: 575-441-7734

For State Use Only APPROVED BY: [Signature] TITLE Dist. Supervisor DATE 2/17/2016

Conditions of Approval (if any): NO PROD REPORTED - 14 MONTHS

FEB 17 2016