		See The Party Sect. The
Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-12467 V
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa 10, 1001 07505	6. State Oil & Gas Lease No. B-1431-3
87505		B-1431-3 317345
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
PROPOSALS.)	ATION FOR PERMIT" (FORM C/101) FOR SUCH	State V
	Gas Well 🗹 Other	8. Well Number 3
2. Name of Operator	HOUSS USE	9. OGRID Number 873
Apache Corp.		
3. Address of Operator	MAR 2 2 2016	10. Pool name or Wildcat
P O box Drawer D Monument NM		Eunice Yates 7RQ
4. Well Location	RECEIVED	
	2310feet from theN line an	ad 330 feet from the
Eline		1
Section 36	1 0	36E NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	c.)
12. Check A	ppropriate Box to Indicate Nature of Notice	e, Report or Other Data
		DOFOLIENT DEPORT OF
E-PERMITTING <swd< td=""><td></td><td>BSEQUENT REPORT OF:</td></swd<>		BSEQUENT REPORT OF:
RETURN TO TA		RILLING OPNS. P AND A
		NT JOB
	CHGLOC	
INT TO PA P&A NR		
12 Describe proposed or comple	OTHER: TA w	
	eted operations. (Clearly state all pertinent details, a k). SEE RULE 19.15.7.14 NMAC. For Multiple Co	
proposed completion or reco		ompletions. Attach wendore diagram of
proposed completion of reco	inpietion.	
Perfs 3165' – 3458'		
1013 5105 5450		
MIRU PU & pull tbg. RU wire line tr	uck & set CIBP @ 3110' also dump bail 35' of ceme	ent on top of the plug. We loaded the casing
	casing to 560 psi for 33 minutes with a loss of 10 lbs	
status for this well.	This Approval of Temporary	
	Abandonment Expires_3/18	1ZOZD
	Abandonment Expires	for an and the second se
Spud Date:	Rig Release Date:	
	J L	
hereby certify that the information a	boye is true and complete to the best of my knowled	ge and belief.
O(X)		
$( \vee ) \times /$		
SIGNATURE	TITLE Instrument Tech	DATE3/18/16
A		
Type or print name Jim Ellison	E-mail address: _JD.Ellison@a	pacheccorp.com_ PHONE:575-441-7734
For State Use Only	0	
VI al	MALAN NIA	2 Doplar
APPROVED BY:	ASiawn PITTLE Dist Supe	WWW DATE JES/60 44
Conditions of Approval (if any):		N N
0		
		MAD 0 1 PP
		MAR 7 1 2016

MAR 2 4 2016

