Submit 1 Copy To Appropriate District Office	State of New		Form C-103 October 13, 2009			
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.			
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 CONSERVATIO 1220 South St. F Santa Fe, NM	Francis Dr.	30-025-05927   5. Indicate Type of Lease   STATE   FEE   6. State Oil & Gas Lease No.			
SUNDRY NOTICE	7. Lease Name or Unit Agreement Name					
DIFFERENT RESERVOIR. USE "APPLICAT	North Monument G/SA Unit Blk. 20					
PROPOSALS.) 1. Type of Well: Oil Well Gas	s Well 🔲 Other Injection	Weth PRS OCC	8. Well Number 01			
2. Name of Operator			9. OGRID Number 873			
Apache Corp. ✓   3. Address of Operator ✓   P O box Drawer D Monument NM 882	265	MAR <b>31</b> 2016	10. Pool name or Wildcat North Monument G/SA			
4. Well Location		RECEIVED				
Unit LetterA:	660feet from the	_N line and	feet from the			
Eline Section	Township 205	Range 37E	NMPM Lea County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)						
12. Check App	propriate Box to Indicate	e Nature of Notice.	Report or Other Data			
11						

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	к 🗆	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	ILLING OPNS.	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMEN	Т ЈОВ	
DOWNHOLE COMMINGLE					
		_			
OTHER:			OTHER:	5 year pressure tes	st

 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.

Move in Maclaskey pump truck to perform pressure test on casing. Pressured the casing to 540 psi & recorded the test on a chart for 33 minutes with a 10 lb. loss to 530 psi.

Spud Date:	Rig Release Date:	
I hereby certify that the information a	bove is true and complete to the best of my knowledge and	d belief.
SIGNATURE	TITLEInstrument Tech	DATE3/2//16
Type or print nameJim Ellison For State Use Only		ccorp.com_ PHONE:575-441-7734
APPROVED BY: Bill Som Conditions of Approval (if any):	namah TITLE Staff Manage	ATE 4-1-16

APR 0 4 2016

