Office	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	30-025-05730
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE V
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		
SUNDRY NOT	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Dease Name of Olit Agreement Name
	CATION FOR PERMIT" (FORM C-101) FOR SUCH	North Monument G/SA Unit Blk. 11
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well Other Injection WIBBS OCD	8. Well Number 15
2. Name of Operator	Sas were a same injectiff OBBS OCD	9. OGRID Number 873
Apache Corp.	MAD 4 0 0010	/
3. Address of Operator	MAR <b>1 6</b> 2016	10. Pool name or Wildcat
P O box Drawer D Monument NM		Eunice Monument G/SA
4. Well Location	RECEIVED	
Unit LetterO:	feet from theS line and _1	980feet from the
Eline		,
Section 29	Township 19S Range 37E	NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.,	
12. Check A	Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF IN	TENTION TO:	SEQUENT DEPORT OF
NOTICE OF IN PERFORM REMEDIAL WORK □	PLUG AND ABANDON   REMEDIAL WOR	SEQUENT REPORT OF:  K
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRI	
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE	MOLTIFLE COMPL GASING/CEIMEN	1308
BOWNINGEE COMMINITORE		
OTHER: Pressure test	OTHER:	
	leted operations. (Clearly state all pertinent details, and	
	ork). SEE RULE 19.15.7.14 NMAC. For Multiple Con	mpletions: Attach wellbore diagram of
proposed completion or rec	ompletion.	
Intend to make in a numer truck to a		
	erform pressure test on casing. Will pressure up to 520	nsi for 32 minutes and chart the results
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Spud Date:	erform pressure test on casing. Will pressure up to 520  Rig Release Date:	psi for 32 minutes and chart the results.
		psi for 32 minutes and chart the results.
Spud Date:	Rig Release Date:	
Spud Date:		
Spud Date:	Rig Release Date:	
Spud Date:  I hereby certify that the information	Rig Release Date:	e and belief.
Spud Date:	Rig Release Date:	
Spud Date:  I hereby certify that the information  SIGNATURE	Rig Release Date:  above is true and complete to the best of my knowledg	e and belief.  DATE 3-160-160
Spud Date:  I hereby certify that the information  SIGNATURE  Type or print name  Jim Ellison	Rig Release Date:  above is true and complete to the best of my knowledg	e and belief.
Spud Date:  I hereby certify that the information  SIGNATURE	Rig Release Date:  above is true and complete to the best of my knowledg  TITLEInstrument Tech  E-mail address: _JD.Ellison@apa	DATE 3-16-16 acheccorp.com_PHONE:575-441-7734
Spud Date:  I hereby certify that the information  SIGNATURE  Type or print name  Jim Ellison	Rig Release Date:  above is true and complete to the best of my knowledg	DATE 3-16-16  acheccorp.com_PHONE: _575-441-7734_

APR 0 5 2016