

Submit 1 Copy To Appropriate District Office
 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

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 October 13, 2009

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

WELL API NO. 30-025-06021	/
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	/
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Bertha J Barber	/
8. Well Number 4	/
9. OGRID Number 873	/
10. Pool name or Wildcat Eunice Monument G/SA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3566' Gr	

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 Other TA'd well **HOBBS OCD**

2. Name of Operator
Apache Corp. **APR 06 2016**

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

4. Well Location
 Unit Letter D : 330 feet from the North line and 990 feet from the West line
 Section 8 Township 20S Range 37E NMPM Lea County

RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/> Extend TA status		OTHER: <input type="checkbox"/>	

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.

Plan to move in a pump truck, pressure test the casing to 500 psi, & chart the results for 30 minutes.

**Condition of Approval: notify
 OCD Hobbs office 24 hours
 prior of running MIT Test & Chart**

**6 MONTH EXT.
 ONLY!
 LAST T/A EXPIRED
 11/13/2013**

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 JD Ellison TITLE Instrument Tech DATE _____

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

For State Use Only

APPROVED BY: Marye Brown TITLE Dist Supervisor DATE 4/6/2016
 Conditions of Approval (if any): _____

APR 06 2016 *OK*