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

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

Form C-103
October 13, 2009

WELL API NO. 30-025-05722	✓

5. Indicate Type of Lease
STATE ☑   FEE ☐

6. State Oil & Gas Lease No.

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 Injection well.

2. Name of Operator
Apache Corp. ✓

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

4. Well Location

Unit Letter ___C___ : ___660___ feet from the ___N___ line and ___1980___ feet from the ___W___ line

Section 29   Township 19S   Range 37E   NMPM   Lea County

7. Lease Name or Unit Agreement Name

North Monument G/SA Unit Blk. 11 ✓

8. Well Number 03 ✓

9. OGRID Number 873 ✓

10. Pool name or Wildcat
North Monument G/SA

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 ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐	

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	P AND A ☐
CASING/CEMENT JOB ☐	

OTHER: 5 year pressure test ☐

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.

Move in Maclaskey pump truck to perform pressure test on casing. Pressured the casing to 550 psi & recorded the test on a chart for 33 minutes with no loss to 550 psi.

Spud Date: _____   Rig Release Date: _____

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

CF

SIGNATURE _____   TITLE ___Instrument Tech___   DATE ___3/29/16___

Type or print name ___Jim Ellison___   E-mail address: ___JD.Ellison@apacheccorp.com___   PHONE: ___575-441-7734___

For State Use Only

APPROVED BY: ___Bill Semmenah___   TITLE ___Staff Manager___   DATE ___5-11-16___

Conditions of Approval (if any):

MAY 12 2016

Graphic Controls

#1103

DATE 3/29/16
BR 2221

Apache C&P
North Wilcox Unit — Grayberg San Andres Unit — #3
30-025-05700
C-29-T-19S-R37E
5 year
Start 550 #
End 550 #
Cual Flow — OCD
Time 33 min

Maelaskey
1000 # / 60 min
Cal. Date 1/11/16

BB 5-1/16