Submit 1 Copy To Appropriate District	State of New Mexico			Form C-103
District I – (575) 393-6161 HOBBS Unergy, Minerals and Natural Resources			WELL API NO	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240			30-025-06766). /
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 0 6 2010 IL CONSERVATION DIVISION District III - (505) 334-6178 1220 South St. Francis Dr.			5. Indicate Typ	
1000 Rio Brazos Rd., Aztec, NM 87410			STATE	
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, MCEEVED 87505	Salita PC, NIVI 6	7303	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.)			7. Lease Name or Unit Agreement Name Northeast Drinkard Unit (NEDU) / 22503	
2. Name of Operator Apache Corporation			9. OGRID Number 873	
Address of Operator Soa Veterans Airpark Lane, Suite 1000 Midland, TX 79705			10. Pool name or Wildcat Eunice; B-T-D, North (22900)	
4. Well Location	17.73703		Edilice, B-1-B,	1401111 (22300)
	eet from the South	line and 19	80 feet t	from the East line
the state of the s		ange 37E	NMPM	County Lea
	on (Show whether DR		:.)	REVIEW BEEN
	3407' GL			
12. Check Appropriate	Box to Indicate N	lature of Notice	Report or Oth	er Data
			•	
NOTICE OF INTENTION TO: SUB- PERFORM REMEDIAL WORK □ PLUG AND ABANDON □ REMEDIAL WOR			BSEQUENT R	REPORT OF: ALTERING CASING
		RILLING OPNS.		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN				
DOWNHOLE COMMINGLE	_		_	
CLOSED-LOOP SYSTEM				
OTHER: 13. Describe proposed or completed operation	one (Clearly state all	OTHER: ANNU		letes including estimated data
of starting any proposed work). SEE RU proposed completion or recompletion.				
Apache performed an annual pressure test on 5/25	/2016; passing chart a	ttached.		
		3. 1		
Spud Date: 2/12/1949	Rig Release Da	ate: 4/5/1949		
	_			
I hereby certify that the information above is true	and complete to the h	act of my knowled	go and ballof	
Thereby certify that the information above is true	and complete to the b	est of my knowledg	ge and benef.	
0. 1:1				
SIGNATURE Plosa Hohou	TITLE Sr. Sta	ff Reg Analyst		DATE_6/1/2016
Type or print name Reesa Fisher	E-mail address	Reesa.Fisher@ap	eachecorp.com	PHONE: (432) 818-1062
For State Use Only	7.	+ /		
APPROVED BY: Y CHULL DOL	M TITLE DU	L. Duk	20WWW	DATE 6/16/2016
Conditions of Approval (if any):		7		1-1-1-
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