Submit 1 Copy To Appropriate District Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 8710 District IV – (505) 476-3460 District IV – (505) 476-3460 District IV – (505) 476-3460 Santa Fe, NM 87505	Form C-103 Revised July 18, 2013 WELL API NO. 30-025-33512 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.)	7. Lease Name or Unit Agreement Name Smith (302348)
1. Type of Well: Oil Well 🗸 Gas Well 🗌 Other	8. Well Number 009
2. Name of Operator Apache Corporation	9. OGRID Number 873
3. Address of Operator	10. Pool name or Wildcat
303 Veterans Airpark Lane, Suite 1000 Midland, TX 79705	Monument; Abo (46970)
4. Well Location	
Unit Letter A : 330 feet from the North line and 660	
Section 34 Township 19S Range 36E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3651 GL	
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 COSED-LOOP SYSTEM OTHER: OTHER: Acidize 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.	
05/25/2016 MIRU Lucky Services. POOH production equipment. 05/26/2016 Set PKR @ 6885'. RU Cudd. Acidize ABO Perfs: 7052' - 7255' W/ 3000 GAL 15% ABO Blend. RD Cudd. 05/27/2016 Prep to run production equipment. 05/31/2016 POP. RDMO.	
Spud Date: 07/26/1996 Rig Release Date: 08/09/1996	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Jabel Housson TITLE Regulatory Analyst Type or print name Isabel Hudson E-mail address: Isabel.hudson@apa For State Use Only Isabel Hudson Isabel.hudson@apa	DATE 06/01/2016 achecorp.com PHONE: (432) 818-1142
APPROVED BY: Maley MOUNTITLE Sist Supervisor DATE 6/6/2016 Conditions of Approval (if any):	