

RECEIVED  
OIL CONSERVATION DIVISION  
MAY 1 2016  
HOBBS

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

WELL API NO. 30-025-04155
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. A-1375-18
7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 18
8. Well Number 3
9. OGRID Number 873
10. Pool name or Wildcat Eunice Monument G/SA

**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  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 2 Township 20S Range 36E NMPM Lea County

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
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPL

OTHER:

SUBSEQUENT REPORT OF:

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

OTHER: 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.

Moved in a Lobo trucking pump truck & Pressured the casing to 510# for 31 minutes with no loss of pressure. We recorded the test on a chart & request to continue water injection in this well.

MIT TEST 2/8/11

TO CORRECT C-103 SUBMITTED 2/11/2011

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 [Signature] TITLE Instrument Tech DATE \_\_\_\_\_

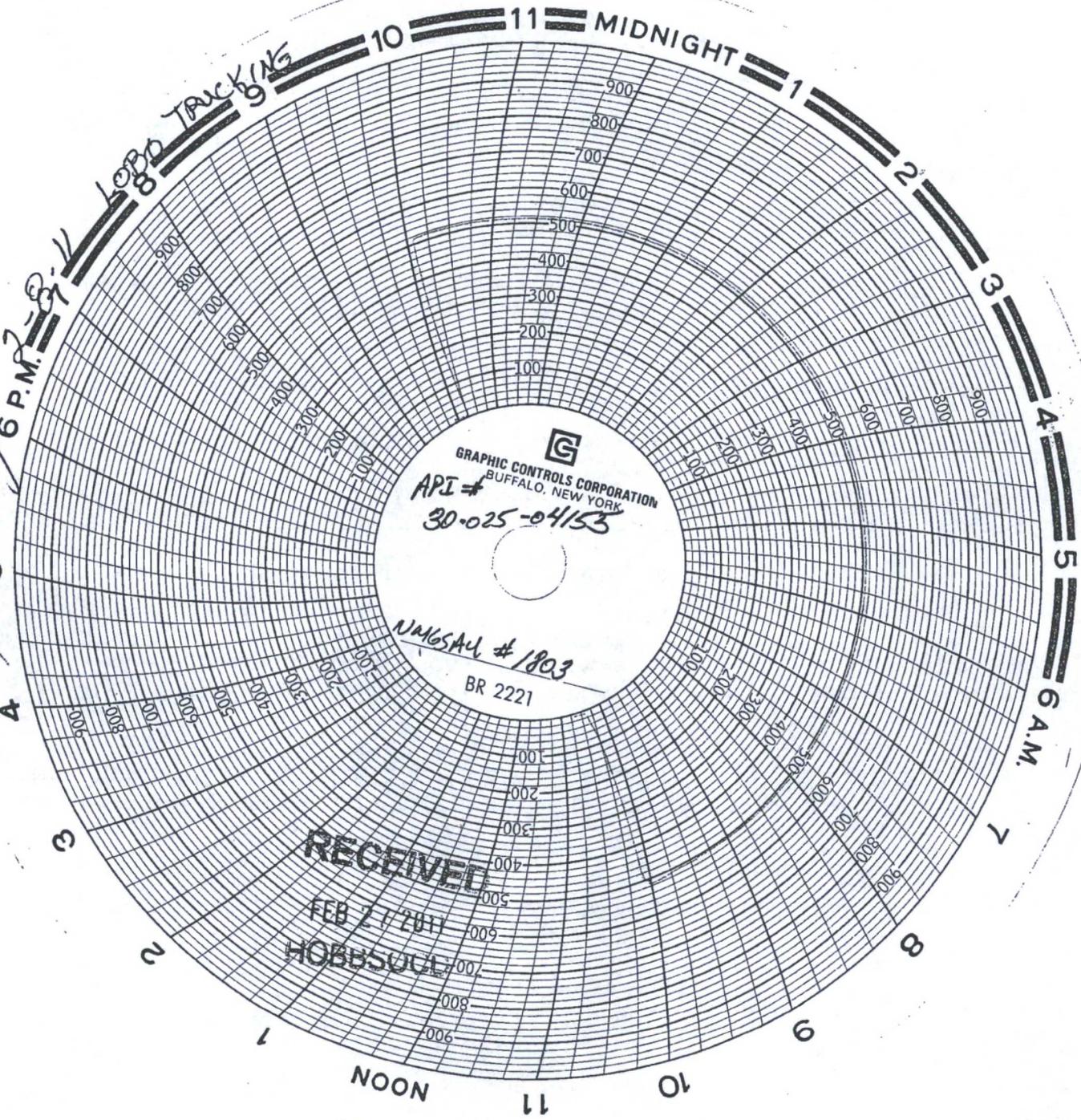
Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE: 575-441-7734

For State Use Only

APPROVED BY: Maley Brown TITLE Dist Supervisor DATE 8/15/2016  
Conditions of Approval (if any):

*Paul King* 6 P.M. 8-11

*LOBO TRUCKING*



  
 GRAPHIC CONTROLS CORPORATION  
 BUFFALO, NEW YORK  
 API #  
 30-025-04153  
 NMGSA # 1803  
 BR 2221

**RECEIVED**  
 FEB 27 2011  
 HOBBSVILLE