

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

RECEIVED
 MAR 13 2017

WELL API NO.
 30-025-33045

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No. *X*

7. Lease Name or Unit Agreement Name
 MONUMENT ABO 35

8. Well Number 2

9. OGRID Number *873*

10. Pool name or Wildcat
 MONUMENT ABO

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

2. Name of Operator
 Apache Corp.

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

4. Well Location
 Unit Letter M : 660 feet from the SOUTH line and 330 feet from the WEST line
 Section 35 Township 19S 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

E-PERMITTING

CONVERSATION RBDMS *MB*
 RETURN TO TA *Pm*
 CSCG ENVIRO CHG LOC
 INT TO PA P&A NR P&A R

SUBSEQUENT REPORT OF:

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

OTHER: RETEST TA

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.

3/10/2017

- MEET OCD REP. GEORGE BOWER.
- LOAD CSG 1/2 BBL PKR FLUID. PRESSURE UP TO 560#.
- RECORD TES ON CHART RECORDER FOR 32 MINUTES.
- ENDING PRESSURE 565#. RELEASE PRESSURE.
- REQUEST TA STATUS FOR WELL.

This Approval or Temporary Abandonment Expires 3/10/2019

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 Joel Sisk TITLE SR. PUMPER DATE 3/10/2017

Type or print name JOEL SISK E-mail address: joel.sisk@apacheccorp.com PHONE: 575-441-0793

For State Use Only

APPROVED BY: Mary Brown TITLE AO/II DATE 3/14/2017
 Conditions of Approval (if any):

PRINTED IN U.S.A.

5

4

3

2

1

NOON

11

10

9

8

7

6

5

4

3

2

1

MIDNIGHT

11

10

9

8

7

6

5

4

3

2

1

AM

6

5

4

3

2

1

PM

6

5

4

3

2

1

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100

900

800

700

600

500

400

300

200

100