Submit 1 Copy To Appropriate District	State of New Me	exico	Form C-10
Office District I HOBBSnog, Minerals and Natural Resources			October 13, 200
1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 8821MAR 2 OID CONSERVATION DIVISION			WELL API NO.
			30-025-05981
District III 1000 Courth Ct. Enomore Dr.			5. Indicate Type of Lease STATE FEE
District IV 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 South St. Francis Dr. 1220 South St. Francis Dr. 1220 South St. Francis Dr.			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name Barber Gas Com
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			8 Well Number 3
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injection well.			
2. Name of Operator	<u></u>		9. OGRID Number
Apache Corp.			873
3. Address of Operator		10. Pool name or Wildcat	
P O box Drawer D Monument NM 88265			Eumont Yates 7 RQ
4. Well Location Unit Letter H : 16	50 fact from the N	line and	220 feet from the E line
Section 7	Township 20S	Range 37E	330feet from theEline NMPM Lea County
	Elevation (Show whether DR		
3554	,	,,, ori, ori,	
12. Check Approp	priate Box to Indicate N	lature of Notice,	Report or Other Data
NOTICE OF INTENT	TION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			
		COMMENCE DRI	
	TIPLE COMPL	CASING/CEMEN	ГЈОВ
OTHER:		OTHER:	
			d give pertinent dates, including estimated da
proposed completion or recompleti		C. For Multiple Col	mpletions: Attach wellbore diagram of
Perfs: 2353-2896			
1. MIRU. LD RODS. NU-BOP. POC			
2. DUMP BAIL 35' CMT ON CIBP			CMT ON BP.
 LOAD CSG W/ PKR FLUID. TES LD TBG. SCHEDULE TA TEST 			
			dition of Approval: notify /
			CD Hobbs office 24 hours
			of running MIT Test & Chart
Spud Date:	Rig Release Da	ate:	·
		м.	
I hereby certify that the information above i	s true and complete to the b	est of my knowledg	e and belief.
SIGNATURE Joel Side	TITLESF	R. PUMPER	DATE3/23/2017
Type or print nameJOEL SISK	E-mail address: _joe	el.sisk@apacheccorp	o.com_ PHONE:575-441-0793
For State Lice Only AA			
APPROVED BY: Y CALLYST	HOLON PITTE A	HO/TT	DATE 3/27/201
Conditions of Approval (if any):	TILE /	-1	DATE C/~ 1/0001
U			
A	O PROD REPORTE	5A . 17 Ma	AUTH
///		2 - 16/10	Sin J.

