| Submit 1 Copy To Appropriate District   | State of New Me              | exico                    | Form C-10  |
|---|------------------------------|--------------------------|--|
| Office<br>District I HOBBSnog, Minerals and Natural Resources   |                              |                          | October 13, 200  |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II<br>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<br>STATE FEE                 |
| District IV<br>1000 Rio Brazos Rd., Aztec, NM 87410<br><u>District IV</u><br>1220 South St. Francis Dr.<br>1220 South St. Francis Dr.<br>1220 South St. Francis Dr. |                              |                          | 6. State Oil & Gas Lease No.                           |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |                              |                          |  |
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  |                              |                          | 7. Lease Name or Unit Agreement Name<br>Barber Gas Com |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH   |                              |                          | 8 Well Number 3  |
| PROPOSALS.)<br>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<br>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<br>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.   |
| <ol> <li>LOAD CSG W/ PKR FLUID. TES</li> <li>LD TBG. SCHEDULE TA TEST</li> </ol>  |                              |                          |  |
|   |                              |                          | 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.   |

