

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

Form C-103
 October 13, 2009

HOBBS OGD
MAY 02 2017
RECEIVED

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

WELL API NO. 30-025-09318	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 4	
8. Well Number 1	
9. OGRID Number 873	
10. Pool name or Wildcat North Monument G/SA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 Other 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 A : 990 feet from the N line and 330 feet from the E line
 Section 24 Township 19S Range 36E NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/> 5 year 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 Maclaskey pump truck to perform pressure test on casing. Pressured the casing to 520 psi & recorded the test on a chart for 33 minutes with a 20 lb. loss to 500 psi.

Spud Date:

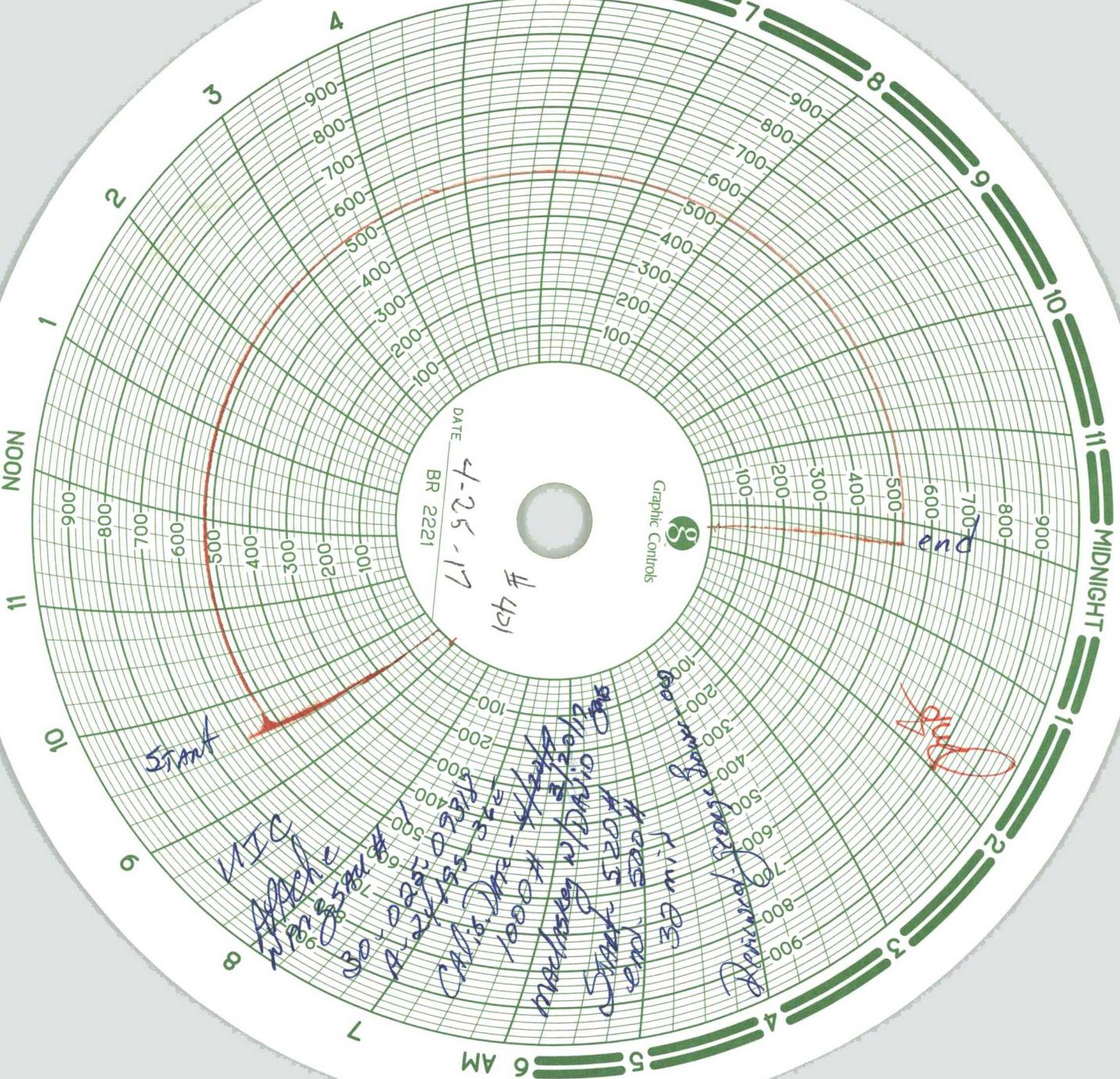
Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jim Ellison TITLE Instrument Tech DATE 4/25/17
 Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE: 575-441-7734

For State Use Only
 APPROVED BY: James Bowen TITLE Compliance Officer DATE 5/4/17
 Conditions of Approval (if any):

5 PRINTED IN U.S.A. 6 PM



DATE
BR 2221

4-25-17

451

Graphic Controls
8

end

end

Start

WIC
APPROX
W/3 8:50 AM

30-0000
A-2221

CALIB. DR. 25
1000

Marching w/ Dr. 10
Start 5:20 AM
End 5:30 AM

rim PE
30 min

Drummed (10 min)