

State of New Mexico  
Energy, Minerals and Natural Resources

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

**HOBBES OCD**  
**MAR 19 2018**  
**RECEIVED**  
**OIL CONSERVATION DIVISION**  
220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-025-05815</b>
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 <b>North Monument Grayburg/SA Unit Blk 23</b>
8. Well Number <b>14</b>
9. OGRID Number <b>873</b>
10. Pool Name <b>Eunice Monument Grayburg/SA</b>
Unit Letter <b>N</b> : <b>660</b> feet from the <b>S</b> line and <b>1977</b> feet from the <b>W</b> line Section <b>34</b> Township <b>19S</b> Range <b>37E</b> NMPM County <b>Lea</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3560' GR</b>

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator  
**Apache Corporation**

3. Address of Operator  
**303 Veterans Airpark Ln., Ste. 3000, Midland, TX, 79705**

4. Well Location  
Unit Letter **N** : **660** feet from the **S** line and **1977** feet from the **W** line  
Section **34** Township **19S** Range **37E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3560' GR**

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 checked="" 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:   **Location is ready for OCD inspection after P&A**

All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.  
 Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.  
 A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the

**OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER / QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. ALL INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.**

- The location has been leveled as nearly as possible to the original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.
- Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.
- If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from the lease and well location.
- All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)
- All other environmental concerns have been addressed as per OCD rules.
- Pipelines and flow lines have been abandoned in accordance with 19.15.9.714.B(4)(b) NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.

When all work has been completed, return this form to the appropriate District office to schedule an inspection. If more than one inspection has to be made to a P&A location because it does not meet the criteria above, a penalty may be assessed.

SIGNATURE *Guinn Burks* TITLE Sr. Reclamation Foreman DATE 3/15/18

TYPE OR PRINT NAME Guinn Burks guinn.burks@apachecorp.com PHONE: 432-556-9143

For State Use Only

APPROVED BY: *Mahe Whitaker* TITLE P.E.S. DATE 03/21/2018

Conditions of Approval (if any):