Submit 1 Copy To Appropriate District	State of New Mexico			Form C-103
Office District I – (575) 393-6161 En	ergy, Minerals and Natural R			evised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	HOBB	5	WELL API NO. 30-025-06442	_
811 S. First St., Ártesia, NM 88210 O	IL CONSERVATION DIV	VIZIONO	5. Indicate Type of Lease	;
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Santa Fe, NM 87505		STATE	FEE 🗸 🗕
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa re, INIVI 07505	CEIVED	6. State Oil & Gas Lease	No.
87505 SUNDRY NOTICES AN	D REPORTS ON WELLS		7. Lease Name or Unit A	greement Name
(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.)			West Blinebry Drinkard Unit (WBDU) / 37346	
1. Type of Well: Oil Well 🔲 Gas Well 🗹 Other Injection			8. Well Number 005	-
2. Name of Operator Apache Corporation			9. OGRID Number 873	
3. Address of Operator			10. Pool name or Wildcat	
303 Veterans Airpark Lane, Suite 1000 Midland, TX 79705			Eunice; B-T-D, North [229	00]
4. Well Location Unit Letter G : 1980	feet from the North	line and 19	80 feet from the	East line
-Section 09		_ 1110 and 37E	NMPM Count	
11. Ele	vation (Show whether DR, RKE			
	3478' GL			
12. Check Appropr	iate Box to Indicate Nature	e of Notice, I	Report or Other Data	
NOTICE OF INTENTI	ON TO:	SUBS	SEQUENT REPORT	OF:
		MEDIAL WORK		
		SING/CEMENT		
		ente, ezinziti		
CLOSED-LOOP SYSTEM				· _
OTHER: 13. Describe proposed or completed ope		HER: ANNUAL		ding estimated date
of starting any proposed work). SEI	ERULE 19.15.7.14 NMAC. Fo			
proposed completion or recompletio	n.			
Apache performed the required testing for this	well 5/24/2018, witnessed by the	e OCD. Passing	g chart attached.	
		[
Spud Date: 7/7/1947	Rig Release Date:	8/29/1947		
		L		
I hereby certify that the information above is	true and complete to the best of	my knowledge	and belief.	
	-			
SIGNATURE Klessa Jisher	TITLE Sr. Staff Reg	g Analyst	DATE_7/12	2/2018
Type or print name Reesa Fisher	E-mail address: Re	esa.Fisher@apa	checorp.com PHONE: (432) 818-1062
For State Use Only		-	•0	-1 1
APPROVED BY: Dave Care	TITLE Compli	Ance Of	ficer DATE	7117/18
Conditions of Approval (if any):	13	NPERV.00	~	

