

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
JUL 30 2009
RECEIVED

WELL API NO. 30-025- 05755
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. 10
8. Well Number 15
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 **D** : **330** feet from the **S** line and **2310** feet from the **E** line
Section **30** Township **19S** Range **37E** NMPM Lea County

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/> 5 year pressure test</p>
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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.

Move in Maclaskey pump truck to perform pressure test on casing. Pressured the casing to **500** psi & recorded the test on a chart for 32 minutes with a final psi. of **495**

Spud Date:

Rig Release Date:

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

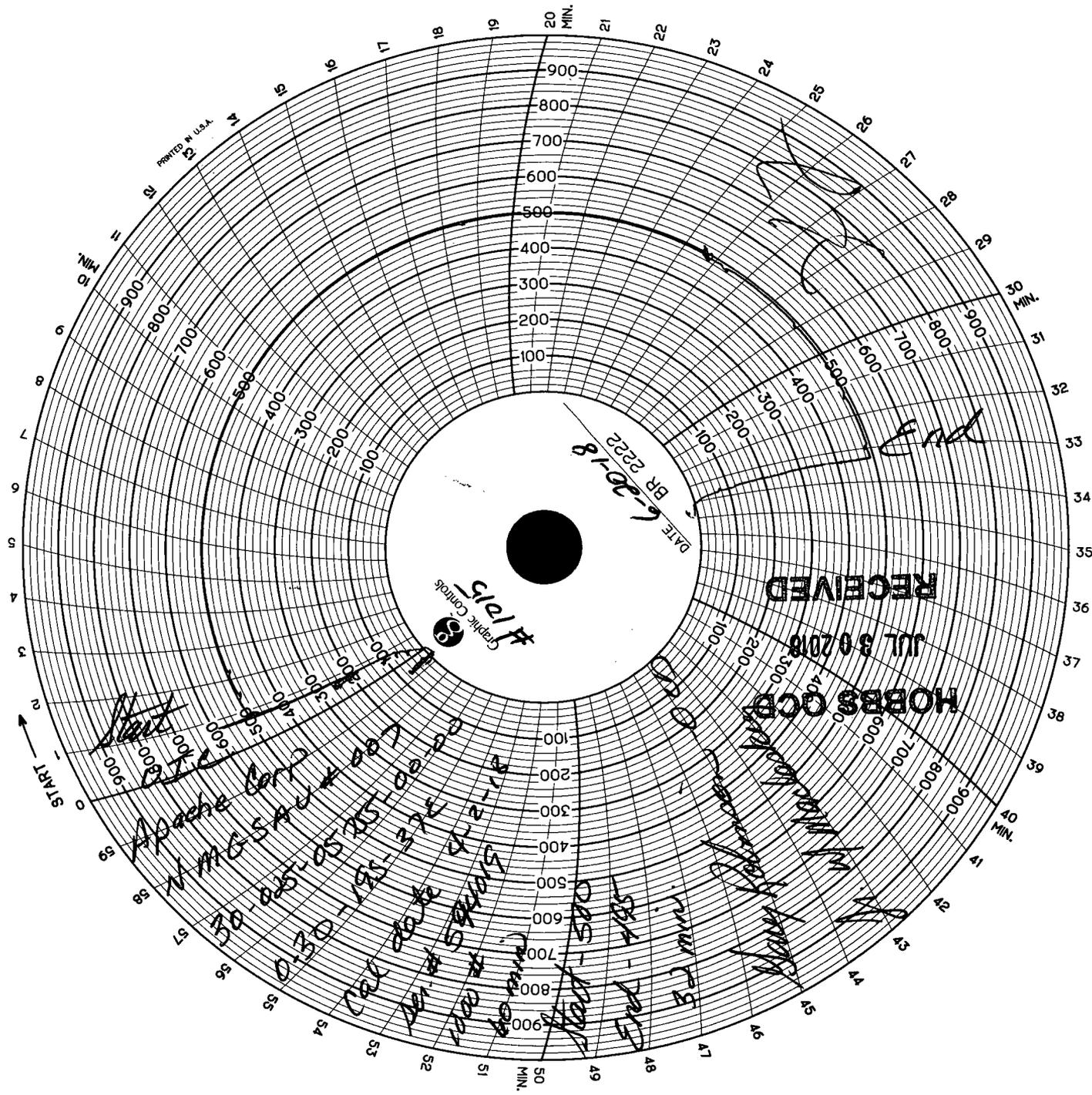
SIGNATURE *JD Ellison* TITLE Instrument Tech DATE 6-20-18

Type or print name Jim Ellison E-mail address: JD.Ellison@apacheccorp.com PHONE: 575-441-7734

For State Use Only

APPROVED BY: *Kerry Fortner* TITLE Compliance Officer A DATE 7-3-18
Conditions of Approval (if any):

PRINTED IN U.S.A.



DATE 6-30-18
BR 2222

Graphic Controls
#1715

RECEIVED

JUL 9 2018

HOBBS COB

Start

Apache Corp
NMG 55 + 45

550 - 550

530 - 550

520 - 550

510 - 550

500 - 550

500 - 550

500 - 550

500 - 550

500 - 550

500 - 550

START

End