

Office

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

811 South First, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV

1220 South St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural ResourcesOIL CONSERVATION DIVISION
1220 South St. Francis Drive
Santa Fe, NM 87505FORM C-103
Revised March 25, 1999

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.)		WELL API NO. 30-025-10296
1. Type of Well: <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. Indicate Type of Lease <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE
2. Name of Operator Apache Corporation		6. State Oil & Gas Lease No.
3. Address of Operator 6120 South Yale, Suite 1500 Tulsa, Oklahoma 74136-4224 (918) 491-4957		7. Lease Name or Unit Agreement Name EW Walden
4. Well Location Unit Letter K : 1909 Feet From The South Line and 1909 Feet From The West Line Section 15 Township 22S Range 37E NMPM Lea County		8. Well No. 1
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3402 DF		9. Pool name or Wildcat

11.

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

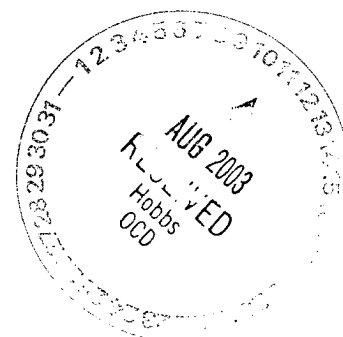
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> 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 Operations | <input type="checkbox"/> Plug and Abandonment |
| <input type="checkbox"/> Pull or Alter Casing | | <input type="checkbox"/> Casing Test and Cement Job | |
| <input checked="" type="checkbox"/> Other | | <input checked="" type="checkbox"/> Other | Casing Test |

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

7/11/2003 Ran M.I.T. test. Chart is attached.



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

SIGNATURE

Kara Coday

TITLE

Sr. Engineering Technician

DATE

8/8/2003

TYPE OR PRINT NAME

Kara Coday

TELEPHONE NO.

918-491-4957

(This space for State Use)

APPROVED BY

Harry W. Wink

TITLE

OC FIELD REPRESENTATIVE II / STAFF MANAGER

DATE

AUG 11 2003

CONDITIONS OF APPROVAL, IF ANY:

