Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resource	WELL API NO.
District II	OIL CONSERVATION DIVISION	30-025-06552
District III 1220 South St. Francis Dr		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		STATE FEE X 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	,	NA
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.)		7. Lease Name or Unit Agreement Name East Blinebry Drinkard Unit
1. Type of Well: Oil Well X Gas Well Other		8. Well Number 46
2. Name of Operator Apache Corporation		9. OGRID Number 00873
3. Address of Operator 6120 S Yale Ave, Suite 1500 Tulsa, OK 74136-4224		10. Pool name or Wildcat Eunice; Blinebry-Tubb-Drinkard, N
4. Well Location		
Unit Letter L : 19	80 feet from the South line and	d 660 feet from the West line
Section 12	Township 21S Range 37E	NMPM CountyLea
	1. Elevation (Show whether DR, RKB, RT, GR 3441' GR	s, etc.)
Pit or Below-grade Tank Application or C		
Pit typeDepth to Groundwater	Distance from nearest fresh water well	Distance from nearest surface water
Pit Liner Thickness: mil	Below-Grade Tank: Volume bbl	ls; Construction Material
12. Check App	propriate Box to Indicate Nature of No	tice, Report or Other Data
OTHER: 13. Describe proposed or complete of starting any proposed work or recompletion.	CHANGE PLANS COMMENCE MULTIPLE COMPL CASING/CE OTHER:TA ed operations. (Clearly state all pertinent detai	lls, and give pertinent dates, including estimated date is: Attach wellbore diagram of proposed completion
Mechanical Integrity Test successfully		o is condomismou.
	Tuli 01/23/2007.	
MIT chart attached. This Ar Aband	oproval of Temporary 1/25/12 onment Expires	- 1222324257671128293037 - 121110168 L997671
I hereby certify that the information abo	ove is true and complete to the best of my know	wledge and belief. I further certify that any pit or below-
grade tank has been/will be constructed or clos	ed according to NMOCD guidelines [], a general perr	mit 🗍 or an (attached) alternative OCD-approved plan 🗍.
SIGNATURE Sophie	lackay TITLE Engineering Tech	DATE 01/29/2007
Type or print name Sophie Mackay For State Use Only	E-mail address: sophie.n	mackay@apachecorp.c @el ephone No. (918)491-4864
APPROVED BY: Laul,	WINE PRESENT	ATIVE ILISTATE MANAGEMATE FEB 2 0 20

Conditions of Approval (if any)

