

Submit 3 Copies 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
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-05809
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 17
8. Well Number 1
9. OGRID Number 00873
10. Pool name or Wildcat Eunice Monument G/SA

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Apache Corporation	
3. Address of Operator 6120 South Yale, Suite 1500, Tulsa, OK 74136-4224	
4. Well Location Unit Letter <u>A</u> : <u>330</u> feet from the <u>North</u> line and <u>330</u> feet from the <u>East</u> line Section <u>33</u> Township <u>19-S</u> Range <u>37-E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input checked="" type="checkbox"/>	
Pit type <u>STEEL</u> Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water <u>N/A</u>	
Pit Liner Thickness: <u>STEEL</u> mil Below-Grade Tank: Volume <u>180</u> bbls; Construction Material <u>STEEL</u>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

7" csg @ 3,762' w/ 65 sx, TOC 3,329' calc; 9 5/8" csg @ 2,613' w/ 200 sx, TOC 1,687' calc; 15 1/2" csg @ 281' w/ 250 sx; openhole 3,762 - 3,935', TA'd w/ CIBP/cmt @ 3,668'

04/20/07 MIRU Triple N rig #22 and plugging equipment. Set steel pit, SD for weekend.

04/23/07 Reviewed P&A C103 w/ NMOCD, Gary Wink. NU BOP. RIH w/ workstring, tagged CIBP @ 3,659'. Circulated hole w/ mud, pumped 25 sx C cmt 3,659 - 3,518'. Perforated casing @ 2,663'. RIH w/ packer. Set packer, unable to establish rate @ 1,500 psi. Notified NMOCD, Maxie Brown, OK'd balanced plug. RIH w/ tubing and pumped 40 sx C cmt @ 2,712'. WOC and tagged cmt @ 2,520'. Perforated casing @ 1,474'. Squeezed 70 sx C cmt 1,474 - 1,122'. SI well and SDFN.

04/24/07 Tagged cmt @ 1,230'. Perforated casing @ 331'. RIH w/ packer and established rate, squeezed 150 sx C cmt neat w/ 2% CaCl₂ in tail 100 sx. Released packer. POOH and ND BOP. Topped off wellbore w/ cmt, RDMO to Federal CST #2.

Cut off wellhead & anchors, installed dry hole marker, backfilled cellar.

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE James F. Newman TITLE James F. Newman, P.E. (Triple N Services) DATE 05/04/07

Type or print name James F Newman E-mail address: jim@triplenservices.com Telephone No. 432-687-1994

For State Use Only

APPROVED BY: Gayle W. Wink OG FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAY 16 2007
Conditions of Approval (if any):