

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.	30-025-38310
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	AO-1375-0044
7. Lease Name or Unit Agreement Name	North Monument G/SA Unit
8. Well Number	351
9. OGRID Number	00873
10. Pool name or Wildcat	Eunice Monument; Grayburg-San Andres

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 S Yale Ave, Suite 1500 Tulsa, OK 74136-4224
4. Well Location Unit Letter <u>A</u> : <u>1265</u> feet from the <u>North</u> line and <u>1280</u> feet from the <u>East</u> line Section <u>2</u> Township <u>20S</u> Range <u>36E</u> NMPM County <u>Lea</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,590' GR

Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

NOTICE OF INTENTION TO:

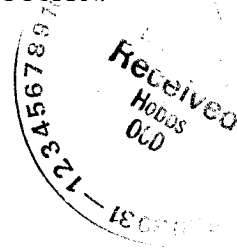
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: Completion Procedure <input checked="" 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.

04/18/07 PERF GRAYBURG @ 3933-38' 2 JSPF. ACID W/ 750 GALS 15% HCL. SWAB - ZERO % OIL CUT. NO GAS
04/19/07 SWAB - 1% OIL CUT. PU PUMP & RIH W/ RODS
04/20/07 SET 640 PUMPING UNIT. TEST GRAYBURG.
05/07/07 SET CIBP @ 3928. PERF GRAYBURG @ 3908-14' 2 JSPF
05/08/07 ACID GRAYBURG W/ 1000 GALS 15% HCL. SWAB - ZERO % OIL CUT. NO GAS.
05/09/07 SET CIBP @ 3905. PERF GRAYBURG @ 3814-19', 31-39', 61-65', 70-77' 2 JSPF
05/09/07 ACID GRAYBURG W/ 1000 GALS 15% HCL. SWAB AND FOUND OIL.
05/10/07 PU PUMP AND RIH W/ RODS. CHECK PUMP ACTION. RETURN WELL TO PRODUCTION.



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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Sophie Mackay TITLE Engineering Tech DATE 05/16/2007
Type or print name Sophie Mackay E-mail address: sophie.mackay@apachecorp.com Telephone No. (918)491-4864
For State Use Only
APPROVED BY: Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE MAY 24 2007
Conditions of Approval (if any):