| Submit 3 Copies To Appropriate District Office  | State of New Mexico                    |          |                                       | Form C-103                                 |                        |           |
|---|--|----------|---------------------------------------|--|------------------------|-----------|
| <u>District I</u><br>1625 N French Dr , Hobbs, NM 88240   | Energy, Minerals and Natural Resources |          |                                       | May 27, 2004<br>WELL API NO.               |                        |           |
| District II   | OIL CONSERVATION DIVISION              |          |                                       | 30-025-38370                               |                        |           |
| 1301 W. Grand Ave., Artesia, NM 88210<br>District III   | 1220 South St. Francis Dr.             |          |                                       | 5. Indicate Type STATE                     | e of Lease FEE X       |           |
| 1000 Rio Brazos Rd , Aztec, NM 87410<br>District IV   | Santa Fe, NM 87505                     |          |                                       | 6. State Oil & Gas Lease No.               |                        |           |
| 1220 S St. Francis Dr , Santa Fe, NM<br>87505   | ta Fe, NM                              |          |                                       | N/A  |                        |           |
| 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 |  |          |                                       | 7. Lease Name or Unit Agreement Name Melot |                        |           |
| PROPOSALS )  1. Type of Well: Oil Well X Gas Well Other   |  |          |                                       | 8. Well Number #001                        |                        |           |
| 2. Name of Operator   |  |          |                                       | 9. OGRID Number 00873                      |                        |           |
| Apache Corporation  3. Address of Operator 6120 S Yale Ave, Suite 1500  |  |          |                                       | 10. Pool name or Wildcat                   |                        |           |
| 74. Address of Operator 6120 S Yale Ave, Suite 1500 Tulsa, OK 74136-4224  |  |          |                                       | House; Blinebry, Tubb, Drinkard            |                        |           |
| 4. Well Location  |  |          | · · · · · · · · · · · · · · · · · · · |  |                        |           |
| Unit Letter C : 9   |  |          |                                       |  |                        | line      |
| Section 11  | Township 20S                           |          | inge 38E                              | NMPM                                       | CountyLea              | 學位 上記     |
|   | 11. Elevation (Show whet 3,584' GR     | ner DK,  | RKB, R1, GR, etc.                     |  |                        | 14        |
| Pit or Below-grade Tank Application or  |  |          |                                       | j  |                        |           |
| Pit typeDepth to Groundwat  | erDistance from neares                 |          |                                       | tance from nearest sur                     | rface water            |           |
| Pit Liner Thickness: mil  | Below-Grade Tank: Volum                |          |                                       | onstruction Material                       |                        |           |
| 12. Check A <sub>1</sub>  | ppropriate Box to Indi                 | cate N   | ature of Notice,                      | Report or Other                            | r Data                 |           |
| NOTICE OF INT   | ENTION TO:                             |          | SUB                                   | SEQUENT RE                                 | EPORT OF:              | •         |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WOR   |  |          |                                       |  | ALTERING CASING        |           |
| <u></u>   |  |          | ILLING OPNS.                          | P AND A                                    |                        |           |
| PULL OR ALTER CASING  | MULTIPLE COMPL                         |          | CASING/CEMEN                          | T JOB L                                    |                        |           |
| OTHER:  |  |          | OTHER:Re-Com                          |  |                        | X         |
| 13. Describe proposed or comple of starting any proposed wor or recompletion.   |  |          |                                       |  |                        |           |
| 10/02/07-11/18/07 PUMP TESTING<br>11/19/07 POOH W/ PRODUCTION   | I EQUIPMENT                            |          |                                       |  |                        |           |
| 11/20/07 RELEASE RBP @ 6955' A<br>11/21/07 RIH W/ PRODUCTION E  |  | E ON P   | RODUCTION FRO                         | OM BLINEBRY/T                              | UBB/DRINKARD           |           |
|   |  |          |                                       |  |                        |           |
|   |  |          |                                       | RECE                                       | VED                    |           |
|   |  |          |                                       | JAN 14                                     | 2008                   |           |
|   |  |          |                                       | HOBBS                                      | SOCD                   |           |
|   |  |          |                                       |  |                        |           |
|   |  |          |                                       |  |                        |           |
| I hereby certify that the information a grade tank has been/will be constructed or c  |  |          |                                       |  |                        |           |
| SIGNATURE Sophie M  | ackay TI                               | TLE Eng  | gineering Tech                        |  | DATE 12/21/2007        | _         |
| Type or print name Sophie Mackay For State Use Only   | / E                                    | -mail ad | ldress:sophie.mack                    | ay@apachecorp.cd                           | Stelephone No. (918)49 |           |
| APPROVED BY: Mus (1) Conditions of Approval (1f any):   | Seleans TI                             | DISTR    | LCT SUPERVISOR                        | /GENERAL MANA                              | MAR 12                 | 2008<br>- |