

RECEIVED

District I

1625 N. French Dr., Hobbs, NM 88240
Phone:(505) 393-6161 Fax:(505) 393-0720

District II

1301 W. Grand Ave., Artesia, NM 88210
Phone:(505) 748-1283 Fax:(505) 748-9720

District III

1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV

1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

AUG - 4 2008

State of New Mexico

Form C-103
Permit 79585

HOBBS OGD

Energy, Minerals and Natural Resources

Oil Conservation Division

1220 S. St Francis Dr.

Santa Fe, NM 87505

WELL API NUMBER 30-025-38407
5. Indicate Type of Lease P
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name W B MAVEETY
8. Well Number 013
9. OGRID Number 873
10. Pool name or Wildcat
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3604 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 _____

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: O	
2. Name of Operator APACHE CORP	
3. Address of Operator 6120 S. YALE, , SUITE 1500 TULSA, OK 74136	
4. Well Location Unit Letter <u>J</u> : <u>2014</u> feet from the <u>S</u> line and <u>2310</u> feet from the <u>E</u> line Section <u>35</u> Township <u>19S</u> Range <u>36E</u> NMPM <u>Lea</u> County	

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"/> ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
Other: <u>Cancel Permit</u>	Other: _____

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.

THIS PERMIT IS EXPIRED. PLEASE CANCEL THE PERMIT. WE PLAN TO RE-APPLY FOR THIS PERMIT. THANK YOU.

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 [Signature] TITLE Drilling Engineer DATE 7/30/08
Type or print name Sam Hampton E-mail address sam.hampton@apache Telephone No. 918 491-4954
For State Use Only: APPROVED BY: [Signature] TITLE OCD DISTRICT SUPERVISOR/GENERAL MANAGER DATE AUG 05 2008Cancel API#
30-025-38407