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 Resources			WELL API NO.	May 27, 2004
District II	OIL CONGEDIATION DIVIGION			4	30-025-05747
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.			5. Indicate Type	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE 6. State Oil & G	X FEE
1220 S. St. Francis Dr , Santa Fe, NM				BH-1533	as Dease Ivo.
87505 SUNDRY NOTICES AND REPORTS ON WELLS				7 Lease Name o	or Unit Agreement Name
(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)				North Monumen	t G/SA Unit: Block 10
1. Type of Well: Oil Well Gas Well Other Injection Well				8. Well Number	
2. Name of Operator Apache Corporation (873)				9. OGRID Numl	oer 00873
3. Address of Operator 6120 S Yale Ave, Suite 1500				10. Pool name o	r Wildcat
Tulsa, OK 74136-4224			Eunice Monum	ent; Grayburg-San Andres	
4. Well Location Unit Letter E: 1980 feet from the FNL line and 660 feet from the FWL line					
Section 30 Township 19S Range 37E NMPM CountyLea 11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
Pit or Below-grade Tank Application _ or					
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: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING					
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI		P AND A
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMENT	JOB []	
OTHER:Convert to Injection		X	OTHER:	Marie James	
13. Describe proposed or comp	leted operations. (Clearly s	state all p	pertinent details, and	l give pertirent da	es in dividing estimated date
of starting any proposed wo or recompletion.	rk). SEE RULE 1103. FO	r Munip	ie Compieuons: At		
Pursuant to WFX-833 Apache Prop	poses to:			SEP	- 4 2009
				HADI	no oo-
 MIRU Pull out and lay down production 	n equipment.			" IUD	
3. Run in with injection tubing and packer.					
 Notify NMOCD office prior to pressure testing casing per NMOCD regulations. Set up surface equipment. 					
6. Begin injection.					
	* * ·				
Condition of Approval: No	otify OCD Hobbs				
office 24 hours prior to runni	ing MIT Test & Chart.	t			
I hereby certify that the information	above is true and complete	to the be	est of my knowledge	e and belief I furth	per certify that any nit or helow-
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 Sophie Mackay TITLEEn			gineering Tech	The state of the s	DATE <u>08/29/2008</u>
Type or print name Sophie Mackay	E	-mail ad	ldress:sophie.macka	y@apachecorp.c@	e lephone No. (918)491-4864
For State Use Only SEP 0 9 2008					
APPROVED BY: Comp !!	// 1/1	ITLE			DATE DATE
Conditions of Approval (if any):					
V			,		