

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

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OCT 31 2008

HOBBS (11)

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
May 27, 2004

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.)		WELL API NO. 30-025-04060 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: <u>Injection Well</u>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator APACHE CORP ✓		6. State Oil & Gas Lease No. AO-1543
3. Address of Operator 6120 S Yale, Suite 1500, Tulsa OK 74136-4224		7. Lease Name or Unit Agreement Name North Monument G/SA Unit: Block 9 ✓
4. Well Location Unit Letter <u>G</u> : <u>1980</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>25</u> Township <u>19 S</u> Range <u>36 E</u> NMPM County <u>Lea</u>		8. Well Number 07
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 00873
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Eunice Monument; Grayburg-San Andres
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 <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 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: Repair Injection Well / MIT <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.

This well failed its annual MIT. Apache repaired the well and retested via the following procedure:

10/11/2007 – 10/19/2007
POOH w/ rods, pump and production tubing.
Pressure test csg and isolate csg leak fr/ 2340' – 2405'.
Squeezed csg leak w/ 30 sx cmt.
DO cmt fr/ 2180' – 2468' and circ hole clean. Test csg to 600#, held okay. POOH RBP.
RIH w/ injection tubing and packer. Set packer @ 3726'. Tested to 580# for 30 minutes, held okay.
Notified NMOCD of MIT.
Successfully ran MIT 10/19/2007. See attached chart.
Began injecting water 10/19/2007.

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 ☐.

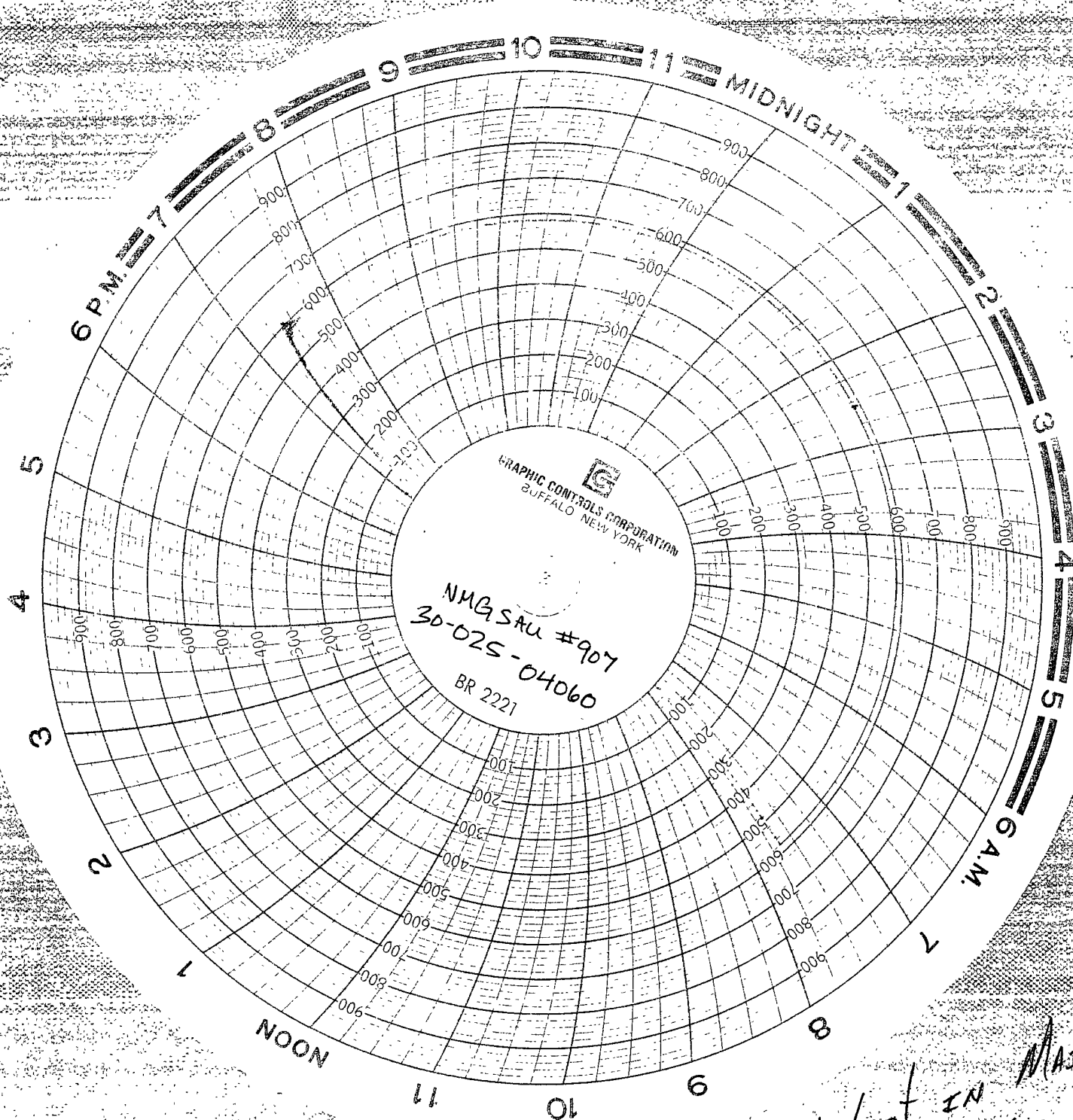
SIGNATURE Sophie Mackay TITLE Engineering Tech DATE 11/21/2007

Type or print name: Sophie Mackay E-mail address: sophie.mackay@apachecorp.com Telephone No. (918) 491-4864

For State Use Only

APPROVED BY: [Signature] TITLE DEPUTY SUPERVISOR/GENERAL MANAGER DATE NOV 04 2008

Conditions of Approval (if any):



ORIGINAL lost IN MAIL!
L.H.

NMGSAU
#907

7:35 am - 8:05 am

10-19-07

Edmundo @viva