

RECEIVEDDistrict I1625 N French Dr., Hobbs, NM 88240
Phone (505) 393-6169 Fax (505) 393-0720District II1301 W Grand Ave., Hobbs, NM 88240
Phone (505) 748-1283 Fax (505) 748-9720District III1000 Rio Brazos Rd., Aztec, NM 87410
Phone (505) 334-6178 Fax (505) 334-6170District IV1220 S St Francis Dr., Santa Fe, NM 87505
Phone (505) 476-3470 Fax (505) 476-3462**State of New Mexico**
Energy, Minerals and Natural ResourcesForm C-103
Permit 86698**Oil Conservation Division**
1220 S. St Francis Dr.
Santa Fe, NM 87505

WELL API NUMBER 30-025-39072 ✓
5 Indicate Type of Lease S
6 State Oil & Gas Lease No.
7 Lease Name or Unit Agreement Name NORTH MONUMENT G/SA UNIT ✓
8 Well Number 380 ✓
9 OGRID Number 873 ✓
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 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>B</u> <u>189</u> feet from the <u>N</u> line and <u>2443</u> feet from the <u>E</u> line Section <u>30</u> Township <u>19S</u> Range <u>37E</u> NMPM Lea County ✓	
11 Elevation (Show whether DR, KB, BT, GR, etc) 3644 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 ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE OF PLANS ☒
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 Other.

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐
 COMMENCE DRILLING OPNS ☐ PLUG AND ABANDON ☐
 CASING/CEMENT JOB ☐
 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

The location of this well have moved and will now be a directional wells.

Surface Location: Unit B, Sec 30, T19S, R37E, 203' FNL & 2372 FEL, Lea County

BHL: Unit B, Sec 30, T19S, R37E, 10' FNL & 2630' FEL, Lea County

Elevation: 3642'

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 Lana Williams TITLE Engr. Tech DATE 12/11/08
 Type or print name Lana Williams E-mail address lana.williams@apachecorp.com Telephone No. 918-491-4980

For State Use Only:
 APPROVED BY: [Signature] TITLE _____ DATE _____

PETROLEUM ENGINEER**DEC 19 2008**