Office	State of New Me		Form C-103
District I	Energy, Minerals and Natu	ural Resources	WELL API NO.
1625 N French Dr., Hobbs, NM 88240 District II			30-025-05764
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1200 Rio Brazos Rd., Aztec, NM 87410		STATE FEE X	
District IV 1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No.	
87505			NA
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)			7. Lease Name or Unit Agreement Name North Monument G/SA Unit: Block 15
1. Type of Well: Oil Well  Gas Well  Other Injection Well			8. Well Number 16
2. Name of Operator Apache Corporation (873)			9. OGRID Number 00873
3. Address of Operator 6120 S Yale Ave, Suite 1500			10. Pool name or Wildcat
Tulsa, OK 74136-4224			Eunice Monument; Grayburg-San Andres
4 Well Location			
Unit Letter P: 660 feet from the South line and 660 feet from the East line			
Section 31 Township 19S Range 37E NMPM County Lea			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
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			
TEMPORARILY ABANDON			
	IULTIPLE COMPL	CASING/CEMEN	NT JOB
DOWNHOLE COMMINGLE			
OTHER:		OTHER: Annual	MIT [X]
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 previously failed its bradenhead test.			
Apache bled the pressure off the surface casing until it was no longer flowing and successfully re-tested for the OCD.			
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RECEIVED			
MAR 1 3 2			MAR 1 3 2009
HOBBSOCD			HOBBSOCO
Spud Date:	Rig Release Da	nte.	
Spou Buc.	Nig Release Da	iic.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Mackay TITLE Engineering Tech DATE 12/30/2008			
Type or print name Sophie Mackay  E-mail address: sophie.mackay@apachecorp.comPHONE: (918)491-4864			
For State Use Only			
APPROVED BY: Tampel Life DISTRICT 1 SUPERVISOR DATE MAR 1 7 2009			
Conditions of Approval (if affy):			