Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103 June 19, 2008
District 1 1625 N French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resource	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISIO	N 30-025-05795
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd , Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St Francis Dr., Santa Fe, NM 87505		NA
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR USE "APPLIC	CES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO ATION FOR PERMIT" (FORM C-101) FOR SUCII	7. Lease Name or Unit Agreement Name North Monument G/SA Unit: Block 16
PROPOSALS)  1. Type of Well: Oil Well	Gas Well Other Injection Well	8. Well Number 01
2 Name of Organization	oration (873)	9. OGRID Number / 00873
3. Address of Operator 6120 S Ya	e Ave, Suite 1500	10. Pool name or Wildcat
4 Well Location	74136-4224	Eunice Monument; Grayburg-San Andres
Unit Letter A: 570 feet from the North line and 710 feet from the East / line		
Section 32	Township 19S Range 37E	NMPM County Lea
	11. Elevation (Show whether DR, RKB, RT, C	GR, etc.)
Exception managed. It for an		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN	PLUG AND ABANDON   REMEDIA	SUBSEQUENT REPORT OF:  LL WORK ALTERING CASING CONTROL  LCE DRILLING OPNS. P AND A
TEMPORARILY ABANDON DULL OR ALTER CASING		CEMENT JOB
DOWNHOLE COMMINGLE		_
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 bra	ndenhead 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 2009
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0 10	Pin Palance Date:	
Spud Date:	Rig Release Date:	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Sophie	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: Conditions of Approval (if any):	TITLE DISTRICT 1 8	OUPERVISOR DATE MAR 17 2009