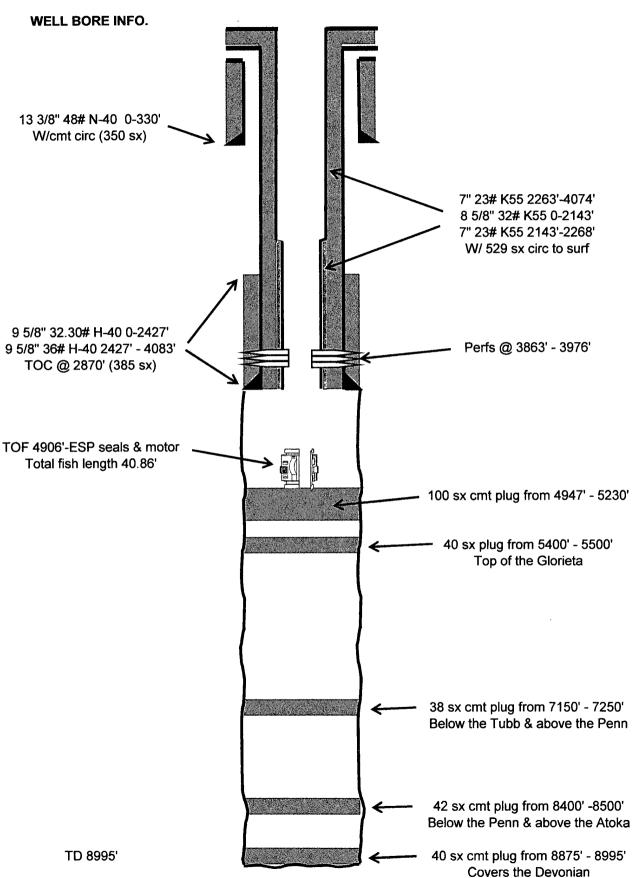
_Submit 3 Copies To Appropriate District Office	State of New Mexico	June 19, 2008
	Energy, Minerals and Natural Resources	WELL API NO.
1625 N. French Dr.,Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 88210		30-025-24082
1301 W. Grand Ave., Artesia, NM 88210	onna	5. Indicate Type of Lease
Disrtict III 1000 Rio Brazos Rd. Aztec, NM 87410 JUL 0 8	1220 South St. Francis Dr.	STATE FEE 6. State Oil & Gas Lease NO.
District IV 1220 S. St. Francis Dr., Santa Fe, NM	CD Santa Fe, NM 87505	
87505		A-1543-1
SUNDRY NOTICES AND		7. Lease Name or Unit Agreement Name
(DON NOT USE THIS FORM FOR PROPOSALS A DIFFERENT RESERVIOR: USE "APPLICATION		Andres Unit Blk/3
PROPOSALS.)	1, 1	8. Well Number
Type of Well: Oil Well Gas Well 2. Name of Operator	Other U	9. OGRID Numer
Apache Co	rporation	302708
3. Address of Operator	0 Tules OK 74136	10. Pool Name WSW-San Andres
6120 S. Yale, Ste. 150 4. Well Location	J 1 (115a, OK 74136	W3W-3all Allules
Unit Letter I :	1650 feet from the South line and	990 feet from th East line NMPM County Lea
	ation (Show whether DR, RKB,RT, GR, etc.)	10 10 10 10 10 10 10 10 10 10 10 10 10 1
40. Obserts Appear	riote Day To Indiante Nature of Nation Day	nort or Other Date
12. Check Approp	riate Box To Indicate Nature of Notice, Rep	port, or Other Data
NOTICE OF INTENT		SUBSEQUENT REPORT OF:
	JG AND ABANDON REMEDIAL	<u>=</u>
		E DRILLING OPNS. EMENT JOB
DOWNHOLE COMMINGLE	ALTERING	
	P AND A	
OTHER:	OTHER:	
13. Describe proposed or completed operation	• • •	•
starting any proposed work.) SEE RULE	1103. For Multiple Completions: Attach wellborecompletion.	ore diagram or proposed completion or
	recompletion.	
Annaha Camanatina anana	and An DO A Alexantering well by Alexandra	
Apache Corporation propo	ses to P&A the above well by the follow	ing attached procedure.
	The Oil Conservation Dr 24 hours prior to the be	vision Must be notified eginning of plugging operations.
Court Parts.	Die Balance Date	
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and co	omplete to the best of my knowledge and belief.	
SIGNATURE SUMME	Reclamation Fore	eman DATE 7/7/09
Type or print name Guinn Burks	E-mail add. guinn.burks@apache	<u>corp.com</u> PHONE: 432-556-9143
For State Use Only	<u> </u>	oll: -1-1
APPROVED BY: Conditions of Approval (if any):	having Compliance	Collicerate 7/9/2009



NMGSAU LEASE NAME 309SW WELL# API# 30-025-24082 Lea



COUNTY



LEASE NAME	NMGSAU
WELL#	309SW
API#	30-025-24082
COUNTY	l ea

