Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u>	Energy, Minerals and Natural Resources	June 19, 2008 WELL API NO.
1625 N. French Dr , Hobbs, NM 800	ONSERVATION DIVISION	30-025-39490
1301 W Grand Ave., Artesia, NM 88210	** ** OFFICE ONSERVATION DIVISION	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 874 NUV 2 4	2009 1220 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NOBBS	OGD Salita FC, IVM 67505	NA
87505 SUNDRY NOTICES	AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR USE "APPLICATIVE PROPOSALS.)	TO DRILL OR TO DEEPEN OR PLUG BACK TO A ON FOR PERMIT" (FORM C-101) FOR SUCH	Arnold A
	Well Other:	8. Well Number <sub>002</sub>
2. Name of Operator		9. OGRID Number
Apache Corporation  3. Address of Operator		873 <b>V</b> 10. Pool name or Wildcat
6120 S Yale Avenue, Suite 1500, Tulsa,	OK 74136-4224	House: Blinebry/Tubb/Drinkard
4. Well Location		
Unit Letter F: 2190 feet from the North line and 1650 feet from the West line		
Section 11	Township 20S Range 38E	NMPM County Lea
	. Elevation <i>(Show whether DR, RKB, RT, GR, etc</i> 83' GR	.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
	LUG AND ABANDON   REMEDIAL WOR	
		RILLING OPNS. P AND A
	ULTIPLE COMPL   CASING/CEMEN	NT JOB
DOWNHOLE COMMINGLE		
OTHER: Name Change	☐ 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.		
or recompletion.		
Apache requests to change the name of this well from the TW Arnold #002 to the Arnold A #002. This well is on the same lease as the Arnold A #001, 30-025-07761, Property Code 303107.		
OPER. OGRID NO. 873		
PROPERTY NO.303 107		
POOL CODE 33230		
EFF. DATE 8-1309		
	APINO. 30-025-3949	<u>O</u>
Spud Date:	Rig Release Date:	
<b>L</b>		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Sophie Mac	kay TITLE Engineering Technician	DATE 11/23/2009
Type or print name Sophie Mackay	E-mail address: sophie.mackay@ap.	achecorp com PHONE: 918-491-4864
For State Use Only	^	
APPROVED BY: Wash ( ) Hit	In TITLE Courling A	DATE 11-25-09
Conditions of Approval (if any):	July 20 January 1	DILL - (