Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I Energy	gy, Minerals and Natural Resources	June 19, 2008
1625 N French Dr , Hobbs, NM 8		WELL API NO. 30-025-39491
1301 W. Grand Avc., Artesia, NM 88210 UIL	CONSERVATION DIVISION	5. Indicate Type of Lease
	1220 South St. Francis Dr.	STATE FEE 🗵
District IV 1220 S St Francis Dr., Santa Fe, NMOBBSOCI 87505	Santa Fe, NM 87505	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		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR		Cone A
PROPOSALS) 1. Type of Well: ⊠Oil Well ☐ Gas Well	Other:	8. Well Number <sub>002</sub>
2. Name of Operator		9. OGRID Number
Apache Corporation /  3. Address of Operator		873  10. Pool name or Wildcat
6120 S Yale Avenue, Suite 1500, Tulsa, OK 741	36-4224	House: Blinebry/Tubb/Drinkard
4. Well Location		
Unit Letter F : 2310 feet from the North line and 1650 feet from the West line		
	Township 20S Range 38E	NMPM County Lea ✓
11. Elevar	tion (Show whether DR, RKB, RT, GR, etc.	
3565' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION	N TO: SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AN	D ABANDON 🔲 REMEDIAL WOR	
TEMPORARILY ABANDON	_	RILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLI	E COMPL  CASING/CEMEN	IT 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.		
of recompletion.		
Apache requests to change the name of this well from the GM Cone A #002 to the Cone A #002.		
This well is on the same lease as the Cone A #001, 30-025-07770, Property Code 303108		
OPER. OGRID NO. 873		
PROPERTY NO. 303108		
POOL CODE 33230		
EFF. DATE 813-09		
APINO.30-025-39491		
		<del></del>
Spud Date:	Rig Release Date:	
	Tag resease Bate.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Sophie Machae	TITLE Engineering Technician	DATE 11/23/2009
	,	
Type or print name Sophie Mackay For State Use Only	E-mail address: sophie mackay@apa	pHONE: 918-491-4864
	A 1	11
APPROVED BY: Wach Whiteham	- TITLE Coupliance Offi	cer DATE 11-25-09
Conditions of Approval (if any):		