Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103
<u>District I</u> Energy, Minerals and Natural Resources			WELL API NO.	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240  District II			30-025-39193	
District II  1301 W Grand Ave, Artesia, NM 88210 C TOPE CONSERVATION DIVISION  District III			5. Indicate Type of Lease	
1220 South St. Francis Dr.				EE 🛛
1220 S St Francis Dr. Santa Fe. NM.			6. State Oil & Gas Lease N	Ο.
87505 HOBBSOCD			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 Agr	eement Name
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			House SWD	
PROPOSALS.) 1. Type of Well: □Oil Well □ Gas Well ☒ Other Salt Water Disposal Well			8. Well Number 1	
2. Name of Operator			9. OGRID Number	
Apache Corporation			873	
3. Address of Operator			10. Pool name or Wildcat	(06407)
6120 S Yale Ave, Suite 1500 Tulsa, OK 74136  SWD; San Andres - Glorieta (96127)				
Unit Letter M : 990	feet from the South	line and 50	0 feet from the Wes	ot line
Section 12		ange 38E	NMPM County	
	. Elevation (Show whether DR			
	63'			
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 WOR				IG CASING 🔲
TEMPORARILY ABANDON			RILLING OPNS. P AND A	
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMEN			NT JOB	
DOWNHOLE COMMINGLE				
OTHER:		OTHER: Deepen	ed well to include the Glorieta	×
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.				
300-116 (· A				
Apache recompleted this well to include the Glorieta zone via the following procedure:				
	g and packer. CO well.			
1/28/10 CO fill. 1/29/10-2/8/10 Drilled hole to 5700'.				
2/9/10 Acidized well w/10k gals 15% HCl.				
2/10/10 POOH w/workstring. TIH w/tubing and packer.				
2/11/10 Circ packer fluid. Cleaned location and started injecting.				
.1				
Non - W	ell Pod = 29	336 Q 86		
	<del></del>			
Spud Date:	Rig Release Da	ite:		
YI I COLOR				
I hereby certify that the information above	e is true and complete to the be	est of my knowledg	ge and belief.	
/ Maha. Co	)A / _ /			
SIGNATURE MULL	TITLE Engine	eering Tech	DATE 03/03	/2010
Tyme or print name Ambas Octob	10 '1 11			
Type or print name Amber Cooke For State Use Only	E-mail address	: amber cooke@apac	hecorp com PHONE: 918	.491.4968
APPROVED BY:	TITLE_	TAFF MAZ	DATE <u></u>	15-10
Conditions of Approval (if any):				

