| Submit 3 Copies To Appropriate District | State of New Mexico | Form C-103 |
|---|--|---|
| Office District I | Energy, Minerals and Natural Resources | June 19, 2008 |
| 1625 N. French Dr., Hobbs, NW 88249 | COMMERCIAL CONSERVATION DIVISION | WELL API NO. 30-025-06999 |
| 1301 W Grand Ave . Artesia. NM 88210 | OHL CONSERVATION DIVISION | |
| District III 1000 Rio Brazos Rd , Aztec, NM 89410 0 ZUI | 1220 South St. Trancis Dr. | 5. Indicate Type of Lease STATE FEE X |
| Dietrict IV | Saina I C, IVIVI 07505 | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa 108650C 87505 | U | NA |
| SUNDRY NOTICES . | AND REPORTS ON WELLS | 7. Lease Name or Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATIO" PROPOSALS) | TO DRILL OR TO DEEPEN OR PLUG BACK TO A N FOR PERMIT" (FORM C-101) FOR SUCH | Owen B |
| 1. Type of Well: ☐ Oil Well 区 Gas V | Well Other: | 8. Well Number 004 |
| Name of Operator Apache Corporation | | 9. OGRID Number 873 |
| 3. Address of Operator | | 10. Pool name or Wildcat |
| 6120 S Yale Ave, Suite 1500, Tulsa, OK 7 | <u>′4136-4224</u> | Blinebry O&G (Pro Gas) / Drinkard |
| 4. Well Location | | |
| Unit Letter N : 660 | feet from the South line and 19 | |
| Section 34 | Township 21S Range 37E | NMPM County Lea |
| 11. | Elevation (Show whether DR, RKB, RT, GR, etc. | |
| 12. Check Appro | opriate Box to Indicate Nature of Notice | , Report or Other Data |
| NOTICE OF INTEN | ITION TO: SUE | SSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK 🔲 PLU | JG AND ABANDON 🔲 📗 REMEDIAL WOI | RK ALTERING CASING |
| | _ | RILLING OPNS. P AND A |
| | LTIPLE COMPL CASING/CEMEN | NT JOB |
| DOWNHOLE COMMINGLE | | |
| OTHER: | ☐ OTHER: | |
| | | nd give pertinent dates, including estimated date |
| | SEE RULE 1103. For Multiple Completions: A | ttach wellbore diagram of proposed completion |
| or recompletion. | | |
| Apache proposes to TA this well via the | e following procedure: | |
| 1. Set CIBP @ +/- 6470' and cap with | cement. | · |
| 2. Set CIBP @ +/- 5488'. | | |
| 3. Notify OCD of MIT.4. Run MIT and request TA approval. | | |
| 4. Null Will and request 17 approval. | | |
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| 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 knowled | ge and belief. |
| SIGNATURE S. Marka | TITLE Engineering Technician | DATE <u>03/29/2010</u> |
| Type or print name Sophic Moskey | E mail addragas | DHONE: 019 401 4964 |
| Type or print name Sophie Mackay U For State Use Only | E-mail address: sophie mackay@ap | achecorp com PHONE: 918-491-4864 |
| ADDROVED BY | I for Case M | 20 2-21 1- |
| APPROVED BY: Conditions of Approval (if any): | majoralle of the | DATE 3-31-10 |
| Conditions of Approval (11 arry): Conditions of Approval: Notify OCD district office | | |

Conditions of Approval: Notify OCD district office 24 hours prior to running the TA pressure test.