

District I
1625 N French Dr., Hobbs, NM 88240
District II
1301 W Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S St. Francis Dr., Santa Fe, NM 87505

RECEIVED

APR 07 2010

HOBBSD

OIL CONSERVATION DIVISION
220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-06772 /
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. NA
7. Lease Name or Unit Agreement Name Northeast Drinkard Unit /
8. Well Number 813 /
9. OGRID Number 873
10. Pool name or Wildcat Eunice; Blinbry-Tubb-Drinkard, North /

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: ☐ Oil Well ☐ Gas Well ☒ Other: Injection well /

2. Name of Operator
Apache Corporation

3. Address of Operator
6120 S Yale Ave, Suite 1500 Tulsa, OK 74136

4. Well Location
Unit Letter F : 1980 feet from the North line and 1980 feet from the West line
Section 23 Township 21S Range 37E NMPM County Lea /

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3389' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT test <input checked="" type="checkbox"/>	

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.

Injection Interval: 5700'-6600'

The following well failed an MIT test 1/11/2010.

3/29/10 Tubing had a leak. Replace tubing & pkr @ 5550'. The well was retested and passed MIT test, witnessed by NMOCB.

ELG

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Amber Cooke TITLE Engineering Tech DATE 04/06/2010

Type or print name Amber Cooke E-mail address: amber.cooke@apachecorp.com PHONE: 918.491.4968

For State Use Only

APPROVED BY [Signature] TITLE STAFF MGR DATE 4-8-10

Conditions of Approval (if any):

