

Submit 3 Copies to Appropriate District  
Office

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

811 South First, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV

1220 South St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

**OIL CONSERVATION DIVISION**  
1220 South St. Francis Drive  
Santa Fe, NM 87505

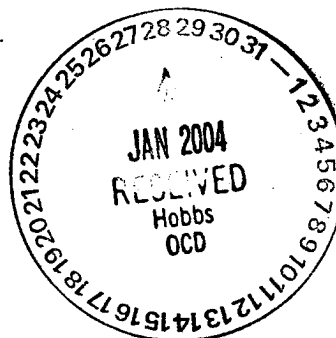
FORM C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL AP# NO. 30-025-06617
1. Type of Well: <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. Indicate Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE
2. Name of Operator Apache Corporation		6. State Oil & Gas Lease No. B-85
3. Address of Operator 6120 South Yale, Suite 1500 Tulsa, Oklahoma 74136-4224 (918) 491-4957		7. Lease Name or Unit Agreement Name State DA
4. Well Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>21S</u> Range <u>37E</u> NMPM <u>Lea</u> County		8. Well No. 5
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3474' GR		9. Pool name or Wildcat Penrose Skelly, Grayburg (50350)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
<input type="checkbox"/> Perform Remedial Work <input type="checkbox"/> Plug and Abandon <input type="checkbox"/> Temporarily Abandon <input type="checkbox"/> Change Plans <input type="checkbox"/> Pull or Alter Casing <input type="checkbox"/> Other	<input type="checkbox"/> Remedial Work <input type="checkbox"/> Altering Casing <input type="checkbox"/> Commence Drilling Operations <input type="checkbox"/> Plug and Abandonment <input type="checkbox"/> Casing Test and Cement Job <input checked="" type="checkbox"/> Other    M.I.T. test

12. 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.

1/8/2004    Performed M.I.T. test per OCD request. Chart is attached.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE <u>Kara Coday</u>	TITLE Sr. Engineering Technician	DATE 1/27/2004
TYPE OR PRINT NAME Kara Coday	TELEPHONE NO. 918-491-4957	
(This space for State Use) APPROVED BY <u>Gary W. Wink</u>	TITLE OC FIELD REPRESENTATIVE II / STAFF MANAGER	
CONDITIONS OF APPROVAL, IF ANY:	JAN 29 2004	

