Submit 3 Copies To Appropriate Will State of New Mexico Office District 1 1625 N. French Dr., Hobbs, Norske 401 4 ZUIU	Form C-103
District I Energy, Minerals and Natural Resou	well API NO.
Dishict II 1301 W. Grand Ave., Arts 12 DESCO IL CONSERVATION DIVISI District III 1220 South St. Francis Dr.	ON 30-025-06499
1000 D:- D D.1 - Anton NM 07410	5. Indicate Type of Lease STATE FEE FEE
District IV Santa Fe, NM 8/303	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	NA
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK T	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	Northeast Drinkard Offit
1. Type of Well: ☐ Oil Well ☐ Gas Well ☒ Other: Injection well	8. Well Number 309
2. 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 74136	Eunice; Blinebry-Tubb-Drinkard, North
4. Well Location Unit Letter 1: 1830 feet from the South line and 660 feet from the East line	
Section 3 Township 21S Range 37E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT	
3473'	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMED	IAL WORK
TEMPORARILY ABANDON	NCE DRILLING OPNS. P AND A
	CEMENT JOB
_	
OTHER: OTHER: MIT test  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: 5827' - 6185'	
The following well failed an MiT test 1/8/2010.	
3/29/10 The MIT failed due to fluid on the casing. Apache tied a vacuum truck on them and bled the fluid off. The well was retested and passed MIT test, notified NMOCD of test. Packer @ 5704' since 5/3/95.	
and passout min took not more of the same	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my	knowledge and belief.
( ) Ma Dea ( ADVe /	
SIGNATURE TITLE Engineering Tec	DATE 04/06/2010
Type or print name Amber Cooke E-mail address: ambor.co	ooke@apachecorp.com PHONE: 918.491.4968
For State Use Only	
APPROVED BY SHE TITLE SAFF MER DATE 4-8-10	
Conditions of Approval (if any):	

