

Submit 3 Copies To Appropriate District
Office
District I
1625 N French Dr., Hobbs, NM 87401
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

State of New Mexico
Energy, Minerals and Natural Resources
RECEIVED
OIL CONSERVATION DIVISION
APR 21 2010
1220 South St. Francis Dr.
Santa Fe, NM 87505
HOBBSUCD

Form C-103
June 19, 2008

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.)		WELL API NO. 30-025-06465
1. Type of Well: <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: Injection well		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Apache Corporation		6. State Oil & Gas Lease No. B0-0935
3. Address of Operator 6120 S Yale Ave, Suite 1500 Tulsa, OK 74136		7. Lease Name or Unit Agreement Name Northeast Drinkard Unit
4. Well Location Unit Letter O : 660 feet from the South line and 1980 feet from the East line Section 10 Township 21S Range 37E NMPM County Lea		8. Well Number 506
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3463' DF		9. OGRID Number 873
		10. Pool name or Wildcat Eunice; Blinebry-Tubb-Drinkard, North

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: 5709' - 5801'

The following well failed an MIT test 1/8/2010.

3/29/2010 The MIT failed due to fluid on the casing. Attempted to load and test backside, could not. Released packer & POOH. RIH w/new packer @ 5675'. Loaded and tested backside. Tested ok. Tested tbq in hole. Circ pkr fluid. Latched onto pkr. Loaded and tested backside. Tested ok. Notified NMOCD prior to test.

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 04/19/2010

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

4-22-10

Conditions of Approval (if any):

