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CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resouces

Office

| <u>DISTRICT I</u>  |   |                                |   | ъ.             | FORM C-10       |
|--|---|--------------------------------|---|----------------|-----------------|
| 1625 N. French Dr., Hobbs, NM 88240  | OH CONCEDUATION                           | LDRUIGION                      | WELL API NO.  | Revised        | d March 25, 199 |
| DISTRICT II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 1220 South St. Francis Drive  |   |                                | 30-025-067  | / <b>43</b>    |                 |
| 811 South First, Artesia, NM 88210  DISTRICT III  Santa Fe, NM 87505   |   |                                | 5. Indicate Type of Lease                                   | <del>1</del> 3 |                 |
| 1000 Rio Brazos Rd., Aztec, NM 87410   |   |                                |   | STATE          | <b>☑</b> FEE    |
| <u>DISTRICT IV</u>   |   |                                | 6. State Oil & Gas Lease No                                 | ·.             |                 |
| 1220 South St. Francis Dr., Santa Fe, NM 87505   |   |                                |   |                |                 |
| 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  |   |                                | 7. Lease Name or Unit Agre                                  | ement Name     |                 |
| PROPOSALS.)  |   |                                | Northeast Drinkard Unit                                     |                |                 |
| 1. Type of Well:   |   |                                | 110101  |                | ia omi          |
| ☑ OIL WELL ☐ GAS WELL ☐ OTHER  |   |                                |   |                |                 |
| 2. Name of Operator  |   |                                | 8. Well No.   |                |                 |
| Apache Corporation   |   |                                | 804   |                |                 |
| 3. Address of Operator   |   |                                | 9. Pool name or Wildcat Eunice Blinebry-Tubb-Drinkard-North |                |                 |
| 6120 S. Yale, Suite 1500 Tulsa, Okla<br>4. Well Location   | Edifice Difficory                         | · I uoo-Dillii                 | taru-140rui   |                |                 |
| Unit Letter F : 1650   | Feet From The North                       | Line and 1650                  | Feet From The W   | est Line       |                 |
| Section 22 Township  | 21S Range 37                              | 7E NMPM                        | Lea co  | ounty          |                 |
|  | 10. Elevation (Show whether DF, RKB, R    | T. GR, etc.)                   |   |                |                 |
|  | 3431' DF                                  |                                |   |                |                 |
| 11.  |   | o Indicate Nature of Notice, I | -   | ATT OF         |                 |
| NOTICE OF INTENTIO   | N 10:                                     | subs                           | SEQUENT REPOR   | TOF:           |                 |
| Perform Remedial Work  | Plug and Abandon                          | Remedial Work                  |   | Altering       | g Casing        |
|  |   |                                | na Operations   | D Dlug av      | nd Abandonment  |
|  |   |                                | -   | riug ai        | id Abandonnient |
| ☐ Pull or Alter Casing ☐ Casing Test and   |   |                                | Cement Job  |                |                 |
| ☐ Other ☐ Other  |   |                                |   |                |                 |
|  |   |                                |   |                |                 |
| 12. Describe proposed or completed opera   | tions. (Clearly state all pertiner        | nt details, and give pertir    | nent dates, includin  | g estimated of | late            |
| of starting any proposed work). SEE lor recompletion.  | RULE 1103. For Multiple Com               | pietions: Attach wellbor       | e diagram of propo  | sed complete   | on              |
| of foodisplotton.  |   |                                |   |                |                 |
| 1. Set cement retainer at +/- 4600   | 0 Pump 205 sx cement b                    | elow retainer and lea          | ive 10 sx on tor  | <b>.</b>       |                 |
| 1. Set cement retainer at +/- 4600. Pump 205 sx cement below retainer and leave 10 sx on top.  |   |                                |   |                |                 |
| 2. Spot cement plug from 2953' to 2681' with 45 sx. WOC and tag.   |   |                                |   |                |                 |
|  |   |                                |   |                |                 |
| 3. Spot plug from 1200' - 1300' v  | v/ 35 sx. WOC & tag.                      |                                |   |                |                 |
|  |   |                                | 456   | 70             |                 |
| 4. Spot plug from 278' - 178' w/ 3   | 35 sx. WOC and tag.                       |                                | 23430   | 10970          |                 |
| 1 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |   |                                | 123 C   | 177            |                 |
| 5. Spot surface plug w/ 10 sx.   |   |                                |   | × ' ' '        | <del>,</del> 3\ |
|  |   |                                | र्शेल र   | 200.           | 4               |
| 3. Spot plug from 1200' – 1300' w/ 35 sx. WOC & tag.  4. Spot plug from 278' – 178' w/ 35 sx. WOC and tag.  5. Spot surface plug w/ 10 sx.  6. Install P&A marker.  THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 |   |                                |   |                |                 |
|  |   | 72                             | 10000   | ED             | 16              |
|  |   | (6)                            | 1500 000  | <u>بر</u>      | <i>7</i> /      |
| THE COMMISSION MUST BE NO  | TIFIED 24                                 | \'u                            | 3 /282 E  | 46°/           |                 |
| HOURS PRIOR TO THE BEGINN  | IING OF                                   | /                              | 55354 CF 5525   | 7170715        |                 |
| PLUGGING OPERATIONS FOR TH   |   | (25/25)                        | 10 E  |                |                 |
| TO BE APPROVED.  |   |                                | 1920212   | /              |                 |
| I hereby certify that the information above is true and complet  | e to the best of my knowledge and belief. |                                |   |                |                 |
| SIGNATURE You Cod  | an  | mle Sr. Eng                    | ineering Tech.  | DATE           | 2/9/2004        |
| TYPE OR PRINT NAME Kara Coday  |   |                                |   | LEPHONE NO.    | 918-491-4957    |
| This space for State Use)  |   | n pina.                        | 112   | LLITOINE W.    | > 10 421-4231   |
| APPROVED BY  | Wink TILE                                 |                                | r   | DATE           |                 |
| - Jany W.  |   |                                | <sup>1</sup>  | /AIE           |                 |