

ice

State of New Mexico

Energy, Minerals and Natural Resources

istrict I

25 N. French Dr., Hobbs, NM 88240

istrict II

01 W. Grand Ave., Artesia, NM 88210

istrict III

00 Rio Brazos Rd. Aztec, NM 87410

istrict IV

20 S. St. Francis Dr., Santa Fe, NM 87505

**RECEIVED****CONSERVATION DIVISION****APR 13 2011****HOBBSOCD**

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

**30-025-21351**

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil &amp; Gas Lease NO.

7. Lease Name or Unit Agreement Name

**Northeast Drinkard Unit (NEDU)**

8. Well Number

**920**

9. OGRID Numer

**873**

10. Pool Name

**Eunice;Bli-Tu-Dr,North(22900)****SUNDRY NOTICES AND REPORTS ON WELLS**ON NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A  
FFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  
ROPOSALS.)Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

Name of Operator

**Apache Corporation**

Address of Operator

**303 Veterans Airpark Lane, Ste. 3000, Midland, TX 79705**

Well Location

Unit Letter **J** : **2310** feet from the **S** line and **1980** feet from th **E** line  
Section **23** Township **21S** Range **37E** NMPM County **Lea**

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

**3368' GR**

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

**NOTICE OF INTENTION TO:**PERFORM REMEDIAL WORK ☐TEMPORARILY ABANDON ☐JLL OR ALTER CASING ☐DOWNHOLE COMMINGLE ☐PLUG AND ABANDON ☒CHANGE PLANS ☐MULTIPLE COMPL ☐OTHER: ☐**SUBSEQUENT REPORT OF:**REMEDIAL WORK ☐COMMENCE DRILLING OPNS. ☐CASING/CEMENT JOB ☐ALTERING CASING ☐P AND A ☐OTHER: ☐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 or proposed completion or recompletion.**Apache Corporation proposes to P&A the above mentioned well by the attached procedure.**The Oil Conservation Division Must be notified  
24 hours prior to the beginning of plugging operations.ud Date: Rig Release Date: 

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

GNATURE

*Guinn Burks*

TITLE

**Reclamation Foreman**

DATE

**4/12/11**

pe or print name

**Guinn Burks**

E-mail add.

**guinn.burks@apachecorp.com**

PHONE:

**432-556-9143**

r State Use Only

PROVED BY:

*El Burks*

TITLE

*State Rep*

DATE

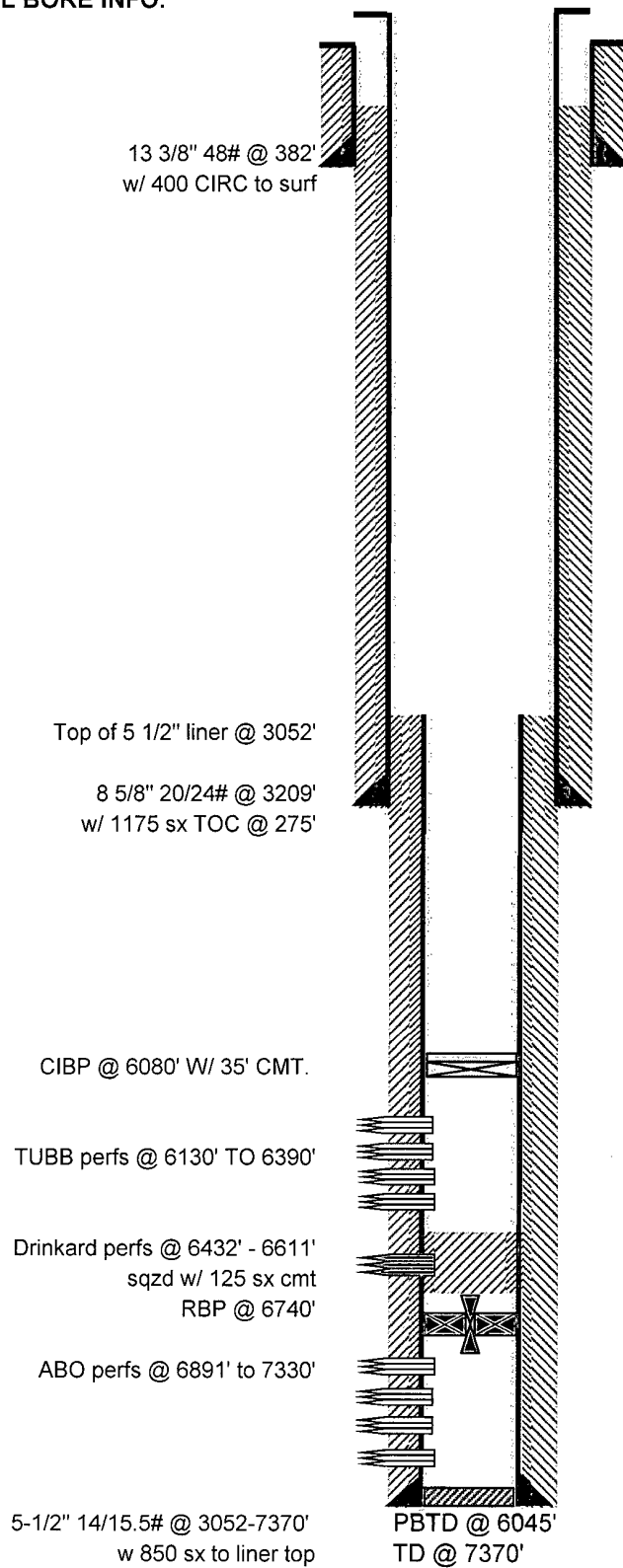
**4-14-2011**

Conditions of Approval (if any):



WELL BORE INFO.

LEASE NAME	NEDU
WELL #	920
API #	30-025-21351
COUNTY	LEA





# WELL BORE INFO.

LEASE NAME

NEDU

WELL #

920

API #

30-025-21351

COUNTY

LEA

## PROPOSED PROCEDURE

