

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

October 13, 2009

RECEIVED

MAY 04 2011

HOBBSOCD

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-05896

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

North Monument G/SA Unit Blk. 22

8. Well Number 16

9. OGRID Number

873

10. Pool name or Wildcat

Eunice Monument G/SA

## 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.)

1. Type of Well: Oil Well ☒ Gas Well ☒ Other

2. Name of Operator

Apache Corp.

3. Address of Operator

PO box Drawer D Monument NM 88265

4. Well Location

Unit Letter P : 660 feet from the South line and 660 feet from theEast lineSection 4Township 20SRange 37E

NMPM

Lea

County

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

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

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐

OTHER:

Extend TA'd status

☒

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐P AND A ☐CASING/CEMENT JOB ☐

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Will move in Gandy's truck and pressure the casing to 520 psi for 32 minutes. (1 yr. ext)

Condition of Approval: Notify OCD Hobbs  
office 24 hours prior of running MIT Test & Chart

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

TITLE Instrument Tech

DATE

Type or print name Jim Ellison

E-mail address JD. Ellison@ apachecorp.com

PHONE: 441-7734

For State Use Only

APPROVED BY:

TITLE

State Approver

DATE

5-4-2011

Conditions of Approval (if any):