

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
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
MAY 04 2011
HOBBSOCD
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
October 13, 2009

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. 30-025-05899
1. Type of Well: Oil Well ☐ Gas Well ☒ Other ☐ TA'd ☐		5. Indicate Type of Lease STATE ☐ FEE ☒
2. Name of Operator Apache Corp.		6. State Oil & Gas Lease No.
3. Address of Operator PO box Drawer D Monument NM 88265		7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 22
4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>4</u> Township <u>20S</u> Range <u>37E</u> NMPM Lea County		8. Well Number <u>6</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 873
		10. Pool name or Wildcat Eunice Monument G/SA

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 ☐

SUBSEQUENT REPORT OF:

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

OTHER: Extend TA'd status ☒

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.

(14R. 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 MEMBER

DATE 5-4-2011

Conditions of Approval (if any):