	State of New Mexico	Form C-103

District I
1625 N. French Dr., Hobbs, NM 88240 **RECEIVED**
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

Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
MAY 0 5 2011 220 South St. Francis Dr.
HOBBSOCD Santa Fe, NM 87505

October 13, 2009

WELL API NO.
30-025-05799

5. Indicate Type of Lease
STATE ☐   FEE ☑

6. State Oil & Gas Lease No.

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 TA'd

7. Lease Name or Unit Agreement Name
North Monument G/SA Unit Blk. 17

8. Well Number 14

2. Name of Operator
Apache Corp.

9. OGRID Number
873

3. Address of Operator
PO box Drawer D Monument NM 88265

10. Pool name or Wildcat
Eunice Monument G/SA

4. Well Location

Unit Letter _____N_____ : _____330_____ feet from the ___South___ line and _____2310_____ feet from the _____West_____ line

Section 31   Township 19S   Range 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS.☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
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. (1yr 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 5-5-11

Type or print name ____Jim Ellison____ E-mail address JD. Ellison@ apachecorp.com   PHONE: 441-7734

For State Use Only

APPROVED BY: _____ TITLE _Staff mgr_____ DATE 5-5-2011
Conditions of Approval (if any):