

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED
OIL AND GAS CONSERVATION DIVISION
MAY 05 2011
HOBBSOCD

WELL API NO. 30-025-05870
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Monument G/SA Unit Blk. 23
8. Well Number 2
9. OGRID Number 873
10. Pool name or Wildcat Eunice Monument G/SA

<p>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.)</p>	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Apache Corp.	
3. Address of Operator PO box Drawer D Monument NM 88265	
4. Well Location Unit Letter <u>B</u> : <u>330</u> feet from the <u>North</u> line and <u>1648</u> feet from the <u>East</u> line Section <u>3</u> Township <u>20S</u> Range <u>37E</u> 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 ☐

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

(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 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 STATE MGR

DATE 5-5-2011

Conditions of Approval (if any):