

RECEIVED

OIL CONSERVATION DIVISION

MAY 05 2011

HOBBSOCD

WELL API NO.

30-025-05872

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. 23

8. Well Number 7

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 G : 1676 feet from the North line and 1977 feet from the

East line

Section 3 Township 20S 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:

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 hr Ext.)

Condition of Approval: Notify OCD Hobbs office 24 hours prior of running MIT Test &amp; 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):