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Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office Energy, Minerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240 District II	WELL API NO. 30-025-05973
1301 W. Grand Ave., Artesia, Massioch OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Azteo, NM 87410 District IV AY 1 9 2011 Santa Fe, NM 87505	STATE FEE X
1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505 SUNDEX NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR TO ADD ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Bertha J Barber
PROPOSALS.)	8. Well Number 001
1. Type of Well: ⊠Oil Well □ Gas Well □ Other: 2. Name of Operator /	9. OGRID Number
Apache Corporation	873
3. Address of Operator	10. Pool name or Wildcat
303 Veterans Airpark Lane, Suite 3000 Midland, TX 79705	Eunice Monument G/SA
4. Well Location	fact from the East line
Unit Letter H: 2310feet from the Northline and 990Section 7Township 20SRange 37E	feet from the East line NMPM County Lea
Section 7 Township 20S Range 37E 11. Elevation (Show whether DR, RKB, RT, GR, etc.,	
3560' GR	
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	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI	
PULL OR ALTER CASING DULTIPLE COMPL CASING/CEMEN	Т ЈОВ 📋
OTHER: OTHER: TA Rene	
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion	
or recompletion.	
Apache requests TA renewal for this well.	
Please find attached a passing chart ran on 5/11/2011, per E.L. Gonzales, granting us an extension for 1 year.	
This Approval of Temporary 11 7017	
This Approval of Temporary 11 - 2012 Abandonment Expires	
	an and the patients
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Spud Date: 12/03/1935 Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	e and belief.
() (100)	
SIGNATURE KILSA HOLLAND TITLE Sr. Engr Tech	DATE 05/18/2011
Type or print name Reesa Holland E-mail address: Reesa.Holland@apace	phone: <u>432/818-1062</u>
APPROVED BY:	
Conditions of Approval (if any):	
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