Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> Energy, Minerals and Natural Resources		October 13, 20 WELL API NO.	009	
1625 N. French Dr., Hobbs, NM 88240 District II			30-025-06001	
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease		
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION  District III 1000 Rio Brazos Rd., Aztec, NM 87410  Santa Fe, NM 87505			STATE FEE	
DISTRICT IV	Santa Fe, NM 8' Y 23 2011	7505	6. State Oil & Gas Lease No.	
87505				
SUNDRY NOTOES SOUTONTS 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.)			7. Lease Name or Unit Agreement Name T. Anderson	
1. Type of Well: Oil Well  Gas Well  Other Injection well.			8. Well Number 1	
2. Name of Operator			9.	
Apache Corp. 3. Address of Operator			10. Pool name or Wildcat	
P O box Drawer D Monument NM 88265			Eumont Yates 7RQ	
4. Well Location				
Unit LetterK:	1980feet from the8	Southline a	and1980feet from the	
Westline				
Section 8	Township 20S		E NMPM Lea County	Tar stans
	11. Elevation (Show whether DR,	, RKB, RT, GR, etc.,		
12. Check Ap	propriate Box to Indicate N	ature of Notice,	Report or Other Data	
•	•		•	
			SEQUENT REPORT OF:	_
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRIL			_	_   -
TEMPORARILY ABANDON				J
DOWNHOLE COMMINGLE		CASING/CEMEN	1 30B	
OTUED: Estand TA atalua		OTHER.	_	,
OTHER: Extend TA status		OTHER:	L	J
	). SEE RULE 19.15.7.14 NMAC		d give pertinent dates, including estimated on pletions: Attach wellbore diagram of	late
Intend to move in Gandy pump truck to	perform MIT on casing. Will pr	essure up to 520 ps	for 32 minutes. ( Jyr. ON (y)	)
			10	
	•			
		Condition of	Approval: Notify OCD Hobbs	
		office 24 hou	rs prior of running MIT Test & Chart	
			· · · · · · · · · · · · · · · · · · ·	
Spud Date:	Rig Release Da	te:		
				1
I hereby certify that the information ab-	ove is true and complete to the be	est of my knowledge	and helief	
	ove is true and complete to the oc	st of my knowledge	and benefit	
SIGNATURE (V) S() >	mimi r		DATE 5-18-11	
SIGNATURE	TITLE Ins	trument Tech	DATE_S-/8-//	
Type or print nameJim Ellison	E-mail address	: JD.Ellison@apa	checcorp.com PHONE:	
For State Use Only				
ARREQUED BY				
	TITLE C	TAFE N	1/12 DATE ( 72 2	<u> </u>
APPROVED BY: Conditions of Approval (if any):	TITLE 5	TAFF NO	DATE 5-23-20	9//