Office Energy Minerals and Neture	CO Form C-103 Resources October 13, 2009
District 1 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II	IVISION 30-025-26614
1301 W. Grand Ave., Artesia, NM 882 CONSERVATION D District III	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	
1220 S. St. Francis Dr., Santa Fe, NM	0. State On & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lagga Nama an Iluit A angamant Nama
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR	NIGH.
PROPOSALS.)	State W  8. Well Number 5
1. Type of Well: Oil Well Gas Well Other Injection well.	INO
2. Name of Operator Apache Corp.	9.
3. Address of Operator	10. Pool name or Wildcat
P O box Drawer D Monument NM 88265	Eumont Yates 7RQ
4. Well Location	
Unit LetterE:1980feet from theNor	h line and780feet from the
Westline	
Section 30 Township 20S	Range 37E NMPM Lea County
11. Elevation (Show whether DR, R	(B, RT, GR, etc.)
12. Check Appropriate Box to Indicate Nati	re of Notice. Report or Other Data
	•
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
	EMEDIAL WORK ☐ ALTERING CASING ☐ OMMENCE DRILLING OPNS.☐ P AND A ☐
<del></del>	ASING/CEMENT JOB
DOWNHOLE COMMINGLE	NOING/OLIVICITY VOD
OTHER: Extend TA status	THER:
12 Describe proposed on completed an existing. (Clearly state all named	to and death and also and also a death of the second at th
13. Describe proposed or completed operations. (Clearly state all per of starting any proposed work). SEE RULE 19.15.7.14 NMAC.	inent details, and give pertinent dates, including estimated date
proposed completion or recompletion.	of Manapie Completions. Actually wellbore diagram of
	2
Intend to move in Gandy pump truck to perform MIT on casing. Will press	ura un ta 520 mai fan 22 minutas ( / 128 Op. )
micha to move in Gandy pump truck to perform with on casing. Will press	ure up to 320 psi for 32 minutes.
	. 10
	Condition of Approval: Notify OCD Hobbs
	Condition of Approval: Notify OCD Hobbs office 24 hours prior of running MIT Test & Chart
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Spud Date: Rig Release Date:	Condition of Approval: Notify OCD Hobbs office 24 hours prior of running MIT Test & Chart
Spud Date: Rig Release Date:	Condition of Approval: Notify OCD Hobbs office 24 hours prior of running MIT Test & Chart
	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	office 24 hours prior of running MIT Test & Chart
I hereby certify that the information above is true and complete to the best	office 24 hours prior of running MIT Test & Chart  of my knowledge and belief.
I hereby certify that the information above is true and complete to the best	office 24 hours prior of running MIT Test & Chart
I hereby certify that the information above is true and complete to the best SIGNATURE	office 24 hours prior of running MIT Test & Chart  of my knowledge and belief.  ment Tech
I hereby certify that the information above is true and complete to the best SIGNATURE  Title Instru  Type or print name Jim Ellison E-mail address:	office 24 hours prior of running MIT Test & Chart  of my knowledge and belief.
I hereby certify that the information above is true and complete to the best  SIGNATURE  TITLE Instru  Type or print name Jim Ellison E-mail address:  For State Use Only	office 24 hours prior of running MIT Test & Chart  of my knowledge and belief.  ment Tech DATE
I hereby certify that the information above is true and complete to the best SIGNATURE  Title Instru  Type or print name Jim Ellison E-mail address:	office 24 hours prior of running MIT Test & Chart  of my knowledge and belief.  ment Tech DATE