Submit 3 Copies To Appropriate Di Office District I		State of New Mexico Energy, Minerals and Natural Resources				WELL API NO.			
255 N. French Dr., Hobbs, NM 88240 <u>District II</u> 301 W. Grand Ave., Artesia, NM 88210 District II						30-025-2	6614	-	
1301 W. Grand Ave., Artesia, NM 8	1821HOBBS OCCO	IL CONSERV	ATION D	IVISION	5. Indicate	Type of Lease	;		
Disrtict III	L .	1220 South				STATE 🗹	FEE		
District IV Santa Fe, NM 87505					6. State O	il & Gas Lease	NO.		
1220 S. St. Francis Dr., Santa Fe, I						B-342	23		
	(NOTICES AND R					lame or Unit A	greemer	nt Name	
(DON NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)						State "W" /			
1. Type of Well: Oil Well	Gas Well 🗹 Othe	er	/			5		/	
2. Name of Operator	Anacha Corn	oration	/		9. OGRID	Numer 873		/	
Apache Corporation / 3. Address of Operator						10. Pool Name			
	Airpark Lane, Ste.	3000, Midland,	TX 79705		Eum	ont;Yates-7 F	VRS-C	≀n(Gas)	
4. Well Location Unit Letter	E : 19	80 feet from the	e N	line and	780	feet from the	w	line	
Section	30 Towns	hip 20S	Range	37E	NMPM	Соц		Lea	
	11. Elevatio	on (Show whether	'DR, RKB,RT 3538' GR	r, GR, etc.)					
					· · · ·				
1:	Check Appropria	ate Box To Indica	ate Nature o	of Notice, Rep	port, or Oth	ner Data			
NOT	ICE OF INTENTIO	N TO:			SUBSEQ	UENT REPO	RT OF:		
PERFORM REMEDIAL WORK		AND ABANDON	\checkmark	REMEDIAL					
TEMPORARILY ABANDON		IGE PLANS		COMMENC					
PULL OR ALTER CASING		IPLE COMPL		CASING/CE					
DOWNHOLE COMMINGLE				ALTERING P AND A	CASING				
OTHER:				OTHER:					
13. Describe proposed or c									
starting any proposed work.)	SEE RULE 1103. Fo	r Multiple Comple	tions: Attach	wellbore diag	ram or prop	osed completi	on or rec	completion.	
Apache Cor	poration proposes	s to P&A the ab	ove mentic	oned well by	the attac	hed procedu	re.		
- The Oil Conservation					Division M	ust bé notitie	d		
					beginning of plugging operations.				
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Spud Date:			кід кеіеа	se Date:					
					and a first of the second s				
I hereby certify that the information	above is true and compl	lete to the best of m	y knowledge a	nd belief.					
SIGNATURE	Sum Bur	2 TITLE	Recla	amation For	eman	DATE	5/20	0/11	
Type or print name	Guinn Burks	E-mail add.	guinn.bu	rks@apache	corp.com	PHONE:	432-55	6-9143	
For State Use Only	\mathcal{N}	1 /	_				-		
APPROVED BY:	Turch	TITLE	SPA	& MGE	·	DATE	-26-	2011	
Conditions of Approval (if any	H. / /			-					
	\mathcal{O}						MAY	2 5 2011	

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