Submit 3 Copies To Appropriate Di Office	State of New Mexico			Form C-103 June 19, 2008					
District I	Minerals an	vinerals and Natural Resources			I NO.	·			
Office State of New Mexico District I Egergy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 OIL CONSERVATION DIVISION District II OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION District III 1220 South St. Francis Dr						30-025-05890			
1301 W. Grand Ave., Artesia, NM 88210 Disrtict III						5. Indicate Type of Lease			
						6. State Oil & Gas Lease NO.			
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505							ill & Gas Leasi	e NO.	
		S AND REPO	RTS ON WE	LLS		7. Lease	Name or Unit A	Aareem	ent Name
(DON NOT USE THIS FORM F	North Monument Grayburg/SA Unit								
DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)						Blk 22 8. Well Number			
1. Type of Well: Oil Well 🗹 Gas Well 🗍 Other						9. OGRID Numer			
2. Name of Operator / / / / / / / / / / / / / / / / / / /							Numer 87:	3	/
3. Address of Operator 303 Veterans Airpark Lane, Ste. 3000, Midland, TX 79705							lame ce Monumer	at:Gray	/burg/SA
4. Well Location	Аіграгк L	ane, Ste. 300	u, Midiand,	IX /9/05					/burg/SA
Unit Letter Section	N 4	: 660 Township	feet from the 20S	S Range	line and 37E	1980 NMPM	feet from the	W Sunty	line Lea
Section	-	11. Elevation (S	how whether L	DR, RKB,RT,			T	, and y	
·	,		3:	551' GR				<u></u>	·····
12. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data									
ΝΟΤ		NTENTION TO):			SUBSEC			=:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON		PLUG ANE CHANGE F	ABANDON		REMEDIAL		GOPNS []	
PULL OR ALTER CASING		MULTIPLE			CASING/CE			j	
DOWNHOLE COMMINGLE					ALTERING	CASING]	
OTHER:					OTHER:			」]	
13. Describe proposed or or starting any proposed work.)									
starting any proposed workly									·
Apache Co	rporation	proposes to	P&A the abc	ove mention	ned well by	the attac	hed proced	ure.	
			The Oil Co	onservation	Division Mu	ist be noti	ified		
			24 hours p	prior to the t	peginning of	plugging	operations.		
Spud Date:				Rig Releas	e Date:				
				0		L	I		
I hereby certify that the information	n above is tru	le and complete to	o the best of my	knowledge an	d belief.				
	L.	R. ha					D 4 T T	-	
SIGNATURE	Allinn	Dun	_TITLE	Recla	mation For	eman	_DATE	5,	/23/11
Type or print name	Guin	n-Burks	E-mail add.	<u>guinn.bur</u>	ks@apache	<u>corp.com</u>	PHONE:	432-	556-9143
For State Use Only	$\neq \geq$	5_!_	TITLE	577	AN N	AT -	DATE	-7	C-2011
APPROVED BY: Conditions of Approval (if an	1y):	Josa	-111 LC		577 //	-je-			sicil
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MAY 2 6 2011



