Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM	88	3240
DISTRICT II P.O. Drawer DD, Artesia, NI	M	8821

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240	1.012011211		30-025-25686	
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. L-3021	
CUNDRY NOTIC	ES AND REPORTS ON WE	IIS		
(DO NOT USE THIS FORM FOR PROP	POSALS TO DRILL OR TO DEEPEI POIR. USE "APPLICATION FOR PI 01) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS		Water Disposal	State "3"	
2. Name of Operator	OTHER SAIL	. water bisposar	8. Well No.	
Apache Corporation	<i>.</i>		1 /01900	
3. Address of Operator	Suite 100, Houston,	TY 77056-4400	9. Pool name or Wildcat (9/319) SUD: Miss - Devonian	
4. Well Location	Suite 100, Modston,	1X 77030 4400		
Unit LetterG :2310	O Feet From TheN	Line and	1980 Feet From TheE Line	
Section 3	Township 9-S 1	Range 32E	NMPM Lea County	
Section 3	Township 9-S 10. Elevation (Show whether	er DF, RKB, RT, GR, etc.)		
		.5 GR		
	appropriate Box to Indicate	Nature of Notice, I	Report, or Other Data	
NOTICE OF INT	ENTION TO:	SUI	BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	NG OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND	CEMENT JOB	
OTHER: Converted to Sal	t Water Disposal X] OIIICII	nical Integrity Test X	
10 D	ions (Clearly state all pertinent details.		conversion luding estimated date of starting any proposed	
work) SEE RULE 1103.	One (Clearly state an permana comme,	and groups of		
Original Sundry Noti	ce dated 9-8-94			
Mechanical Integrity	Test rum 11/11/94			
neemaniedi integrity	1000 1000 11, 11, 1			
I hereby certify that the information above is true	and complete to the best of my knowledge		11 02 07	
SIGNATURE SULLA Sh	Comaren	mue Productio	n Secretary DATE 11-23-94	
TYPE OR PRINT NAME Sylvia	Shoemaker		<u>те</u> телерноме мо. (915)683-6.	
(This space for State Use)	PIMAL SIGNED BY		000 00	
	GARY W.NK		DEC 02 1994	
APPROVED BY	FIELD REP. II	TITLE	DATE -	

RECEIVED

RIV 2 9 1994 CCD HOBBS OFFICE