

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL COMMISSION
P. O. BOX 1000
HOBBS, NEW MEXICO

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NM 01124

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
WILLARD BEATY 1A, 5

9. API Well No.
30-025-22010

10. Field and Pool, or Exploratory Area
LAZY J PENN

11. County or Parish, State
LEA

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

APACHE CORPORATION

3. Address and Telephone No.

3300 N. A STE. 8220 MIDLAND, TX 79705

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

UNIT LTR. ~~X~~, ~~660 FSL & 660 FEL~~, SEC. 35, TWP, 13S, RGE. 33E
I 1650/34 660/E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other See below
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

APACHE ACQUIRED THE ABOVE REFERENCED WELLS FROM TEXACO IN MARCH, 1995. THE WELLS WERE ALREADY IN TA'D STATUS. APACHE WOULD LIKE TIM TO EVALUATE THE WELLS TO BRING BACK TO PRODUCTION. PLEASE NOTIFY APACHE OF FURTHER STEPS THAT NEED TO BE TAKEN.

HOBBS INSPECTION OFFICE
ACCEPTED FOR RECORD

DATE 10-11-95

SIGNATURE IRB

14. I hereby certify that the foregoing is true and correct

Signed Tim Ware Title PRODUCTION MANAGER Date 10-9-95

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: