

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 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. BOX 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-34321

5. Indicate Type of Lease

☒ STATE

☐ FEE

6. State Oil & Gas Lease No.

22789

7. Lease Name or Unit Agreement Name

OWEN 'B'

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

☒ OIL WELL

☐ GAS WELL

☐ OTHER

2. Name of Operator

APACHE CORPORATION

3. Address of Operator

2000 POST OAK BLVD., SUITE 100, HOUSTON, TX 77056-4400

8. Well No.

6

9. Pool name or Wildcat

TUBB/DRINKARD/WANTZ ABO DHC-2068

4. Well Location

Unit Letter K

1980  
~~1980~~

Feet From The

S

Line and

2180

Feet From The

W

Line

Section

34

Township

21S

Range

37E

NMPM

LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3429' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

☐ Perform Remedial Work

☐ Plug and Abandon

☐ Remedial Work

☐ Altering Casing

☐ Temporarily Abandon

☐ Change Plans

☐ Commence Drilling Operations

☐ Plug and Abandonment

☐ Pull or Alter Casing

☐ Casing Test and Cement Job

☐ Other

☒ Other

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

SEE RULE 1103.

The following percentages are based on actual well tests and should replace the percentages listed on the original application for downhole commingling:

	OIL	GAS	H2O
WANTZ ABO	94%	23%	12%
DRINKARD	6%	22%	40%
TUBB	0%	55%	48%
	<u>100%</u>	<u>100%</u>	<u>100%</u>

All plugs pulled for calculated 24 hr test 9/1/98: 18 BO X 25 BW X 765 MCF

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Paula M. Houghton*

TITLE

Regulatory Analyst

DATE

7/27/99

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS

DISTRICT I SUPERVISOR

TITLE

DATE

SEP 9 1999

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: