			~~~					
Submit 3 Copies to Approriate Dist	tiet State of New Mez	kico						
Office	Lucrgy, Minerals and Natu	Iral Resouces						
DISTRICT I	240		FORM C-103 Revised March 25, 1999					
DISTRICT II		DIVISION	WELL API NO.					
811 South First, Artesia, NM 8821		2040 South Pacheco						
DISTRICT III	Santa Fe, NM 87	Santa Fe, NM 87505						
1000 Rio Brazos Rd., Aztec, NM 8	7410							
DISTRICT IV	uth Pacheco, Santa Fe, NM 87505							
		[.5						
		7. Lease Name or Unit Agreement Name						
DIFFERENT RESERVOI	R. USE "APPLICATION FOR PERMIT" (FORM C-101) F							
PROPOSALS.)			Northeast Drinkard Unit					
1. Type of Well:								
			O TU-D N-					
2. Name of Operator								
Apache Corporation 3. Address of Operator	Revised March 25,   OIL CONSERVATION DIVISION   2040 South Pacheco 30-025-06600   Santa Fe, NM 87505   WELLARING   Santa Fe, NM 87505   Subsect of the sector of the sec							
2000 Post Oak Blvd	Ste, 100, Houston, Texas 77056-4400	Eunice N., Blinebry-Tubb-Drinkard						
4. Well Location		Line and QQA	Feet From The East Line					
Umt Letter								
Section			M Lea County					
11.	Check Appropriate Box to							
NOT	ICE OF INTENTION TO:	SUE	BSEQUENT REPORT OF:					
Perform Remedia	Work Plug and Abandon	Remedial Work	k 🗌 Altering Casing					
_								
			<b>.</b>					
Pull or Alter Casi	ng l	Casing Test and Cement Job						
Other		Other	Add Blinebry Perforations					
12. Describe proposed of starting any pro or recompletion.	l or completed operations. (Clearly state all pertinen posed work). SEE RULE 1103. For Multiple Comp	nt details, and give pert pletions: Attach wellbc	tinent dates, including estimated date ore diagram of proposed completion					
8/29/00	Run in hole w/ RBP & set @ 5491'. Test casi	ng to 500# - OK.						
8/30/00	5532 - 5536, 5540 - 5546, 5554 - 5574, 5588							
8/31/00	Frac Blinebry 5523' - 5636' w/ 18400 gals gel	& 80160# 16/30 san	nd					
9/1/00	Run in hole w/ retrieving head. Rig up foam Circulate well clean. Pull out of hole w/ RBP							
9/5/00	Run in hole w/ production equipment. Nipple	e up wellhead & flow	line. Return to production.					
	Λ							

I hereby certify that the information above is true and complete to SIGNATURE	the best of my knowledge and belief	TITLE	Sr. Engineering Tech	nician	DATE_	9/25/00
TYPE OR PRINT NAME Debra LANGERSON				TELEPHO	DNE NQ	713-296-6338
(This space for State Use)	THLE			DATE	1.	
CONDITIONS OF APPROVAL, IF ANY:		and the second sec				,

1907 N.

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