

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

811 South First, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Enr, Minerals and Natural ResourcesFORM C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.

30-025-34592

5. Indicate Type of Lease

☐ STATE☒ FEE

6. State Oil & Gas Lease No.

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., Ste. 100, Houston, Texas 77056-4400

4. Well Location

Unit Letter P : 330 Feet From The South Line and 730 Feet From The East Line
Section 22 Township 21S Range 37E NMPM Lea County

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

3400' GR

7. Lease Name or Unit Agreement Name

Turner

8. Well No.

20

9. Pool name or Wildcat

Wantz Abo

11.

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

NOTICE OF INTENTION TO:

☐ Perform Remedial Work☐ Plug and Abandon☐ Temporarily Abandon☐ Change Plans☐ Pull or Alter Casing☐ Other

SUBSEQUENT REPORT OF:

☒ Remedial Work☐ Altering Casing☐ Commence Drilling Operations☐ Plug and Abandonment☐ Casing Test and Cement Job☒ Other

Add Abo Perforations

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

7/31/00 MIRU, POH w/ production equipment. Perforate Abo 6692-95, 6700-04, 10-12, 14-18 @ 4 JSPF.

8/1/00 Set RBP @ 6794', set packer @ 6600'. Acidize Abo perforations 6692-6718 w/ 500 gals 15% HCL.

8/2/00 Bradenhead squeeze 5-1/2" x 8-5/8" annulus w/ 400 sx. TOC prior to squeeze @ 1570' by CBL.
TOC @ surface following cement squeeze.

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

SIGNATURE

TITLE

Sr. Engineering Technician

DATE

8/10/00

TYPE OR PRINT NAME

Debra J. Anderson

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

J
C

