Submit 3 Copies to Approriate District

State of New Mexico

Office	Energy, Minerals and Na	itural Resouces		
<u>DISTRICT</u> I			David	FORM C-103 sed March 25, 1999
1625 N. French Dr., Hobbs, NM		NDUICION		sed March 23, 1999
DISTRICT II	OIL CONSERVATIO		WELL API NO.	
811 South First, Artesia, NM 882			30-025-26613	
DISTRICT III	Santa Fe, NM 8	8/303	5. Indicate Type of Lease	П
1000 Rio Brazos Rd., Aztec, NM	87410		✓ STATE	FEE
DISTRICT IV	F- NN 497606		6. State Oil & Gas Lease No.	
1220 South St. Francis Dr., Santa				
S	UNDRY NOTICES AND REPORTS ON WE	LLS		
	RM FOR PROPOSALS TO DRILL OR TO DEEPEN OF		7. Lease Name or Unit Agreement Name	
	IR. USE "APPLICATION FOR PERMIT" (FORM C-10.	I) FOR SUCH	State D.	
PROPOSALS.)			State PA	4
1 Type of Well:				
☐ OIL WEL	L ☑ GAS WELL ☐ OTHER			
2. Name of Operator			8. Well No.	
Apache Corporation			5	
3. Address of Operator			9. Pool name or Wildcat	
	. Ste. 100, Houston, Texas 77056-4400		Eumont; Yates - 7 Rvrs - C	ueen (
4. Well Location	NI 700 - Canth	1000	West	
Unit Letter	N : 780 Feet From The South	Line and 1980	Feet From The West Line	B.
Section		NMPN	M Lea County	
	10. Elevation (Show whether DF, RKB,	RT, GR, etc.)		
	3425' GR			
11.	Check Appropriate Box	x to Indicate Nature of Noti-	ce, Report, or Other Data	
NOT	ICE OF INTENTION TO:	SUE	SSEQUENT REPORT OF:	
		Dodial Manual		
Perform Remedia	Work Plug and Abandon	☐ Remedial Work ☐ Altering Casing		
Temporarily Aban	don Change Plans	☐ Commence Drilling Operations ☐ Plug and Abandonment		
Pull or Alter Casir	g	Casing Test and	d Cement Job	
—	•	☑ Other	T 41 1	
☐ Other		La Other	Temporary Abandonment	
	or completed operations. (Clearly state all pertiner posed work). SEE RULE 1103. For Multiple Com			
11/2/2001 - 11/5/2001	Ran in hole w/ CIBP and set @ 3250' w/ 35' c	cement cap		
2/7/2002	Performed Casing Integrity Test (see attached	l chart)		
	Apache requests approval of Temporarily Aba	andoned status	A 1930 31	13.00
	This Approval of T Abandonment Expire	remporary es <u>z</u> /z8	3/07 - 178 22 52 81 VI 8	Relatery (2)
SIGNATURE	tion shove is true and complete to the best of my knowledge and benef.	TITLE Sr. Engir	neering Techncian DATE	
TYPE OR PRINT NAME	Debra J. Anderson		TELEPHONÉ NO.	713-296-6338
(This space for State Use)				
APPROVED BY	Contract Contract		DATE	

OC FIELD REPRESENTATIVE INSTAFT MANAGER

CONDITIONS OF APPROVAL, IF ANY:

