Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		-	-		
DISTRICT I	OIL CONSERVATION DIVISION		WELL API NO.		
P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St.			30-025-10600		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 8	/303	5. Indicate Type o		[
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas	STATE L. S. Lease No.	FEE
	TOTAL OF DEPOSITO ON WELL				
SUNDRY NOT		O.A.			
DIFFERENT RESE	OPOSALS TO DRILL OR TO DEEPEN O RVOIR. USE "APPLICATION FOR PERN -101) FOR SUCH PROPOSALS.)	AIT"	7. Lease Name or	Unit Agreement Name	
I. Type of Well: OIL GAS WELL X WELL	OTHER		Skelly Penr	ose "A" Unit	
2. Name of Operator			8. Well No.	0.5	
Apache Corporation			9. Pool name or V	25	
3. Address of Operator 3.300 North A Street.	Suite 8220 - Midland, TX	79705	1 *	tix Seven Riv	ers Que
4. Well Location	550 Feet From The South	Line and 99			Line
Section 3	Township 23 S Ran 10. Elevation (Show whether	r DF, RKB, RT, GR,	NMPM etc.)	Lea ////////////////////////////////////	
11. Check Ar	opropriate Box to Indicate I	Nature of Notic	e, Report, or C	Other Data	
-	NTENTION TO:		JBSEQUENT		= :
ERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK		ALTERING CASING	
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL			NG OPNS.	PLUG AND ABANDO	NMENT [
CACINO TEST AN			CEMENT JOB		
ULL OR ALTER CASING L_					Г
THER:		OTHER:			L
Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state all pertinent deta	ils, and give pertinent	dates, including estim	ated date of starting a	ny proposed
3. Spot 25 sacks 4. Spot 75 sacks 5. Perforate 5½" 6. Perforate 5½"	@ 3500'. hole w/10# salt gel bri 3500' - 3400' on top of 2600' - 2300'. casing @ 1230'. Squeez casing @ 400'. Circula ead and install dry hole	E CIBP. ze w/25 sacks ate cement to	surface insid	le and outside	e.
*All cement C		roval from Gar	cv Wink w/ NMC	OCD	
<u>-</u>			THE COMMISSION HOURS FLICT T PEUL LIERG EARLY JOHN ARRESTE	N MUST BE NOT O THE PICHARI ATTON FOR TH	٠٠٠ ني ت
I hereby certify that the information above is	s true and complete to the best of my knowledg	e and belief.			
SIGNATURE ASS.	<i>1</i>	ь Agent		DATE 12/28	
/				915/. TELEPHONE NO.	570-064
TYPE OR PRINT NAME Roger Mas	sey	Opion			
(This space for State Use)		ORIGINAL Color	SIGHED BY		2-59
APPROVED BY	тп	ile		DATE	
CONDITIONS OF APPROVAL, IF ANY:					