

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

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

WELL APINO.

30-025-10696

5. Indicate Type of Lease

☐ STATE

☒ FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Skelly Penrose 'A' Unit

8. Well No.

51

9. Pool name or Wildcat

Langlie-Mattix; 7 Rvrs-Q-Grayburg (37240)

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 G : 1980 Feet From The North Line and 1980 Feet From The East Line
Section 10 Township 23S Range 37E NMPM Lea County

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

3295' 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

☐ Temporarily Abandon

☐ Change Plans

☐ Pull or Alter Casing

☐ Other

☐ Remedial Work

☐ Altering Casing

☐ Commence Drilling Operations

☐ Plug and Abandonment

☐ Casing Test and Cement Job

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

- 1.) Set CIBP @ 3250' w/ 20 sx cement on top
- 2.) Spot cement plug from 1725' - 1825' w/ 50 sx
- 3.) Spot cement plug from 1130' - 1230' w/ 50 sx
- 4.) Spot cement plug from 175' to surface w/ 100 sx
- 5.) Install P&A marker

**THE COMMISSION MUST BE NOTIFIED 21
HOURS BEFORE THE PLUGGING OF
PRODUCTION OPERATIONS FOR THE C-433
TO BE APPROVED.**

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

SIGNATURE

Debra J. Anderson

TITLE

Sr. Engineering Technician

DATE

5/31/00

TYPE OR PRINT NAME

Debra J. Anderson

TELEPHONE NO.

713-296-6338

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: