

Submit 1 Copy To Appropriate District Office

District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED State of New Mexico
Energy, Minerals and Natural Resources

DEC 06 2019

OIL CONSERVATION DIVISION

DISTRICT I - ARTESIA AOC
1220 S. St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO.
30-015-45792

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

325168

7. Lease Name or Unit Agreement Name
<**325168**>

PALMILLO 10 STATE COM

8. Well Number **234H**

9. OGRID Number **873**

10. Pool name or Wildcat <**96413**>
PALMILLO; BONE SPRING, SW

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 **3000 VETERANS AIRPARK LN #1000
MIDLAND, TX 79705**

4. Well Location

Unit Letter **A**: **850'** feet from the **NORTH** line and **180'** feet from the **EAST** line

Section **10** Township **19S** Range **28E** NMPM County **EDDY**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL:3492'

12. 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 ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11/8/2019: Spud

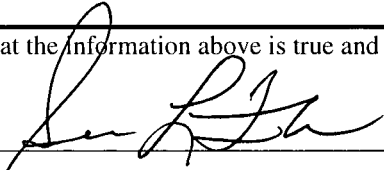
Spud Date:

11/8/19

Rig Release Date:


✓ AB

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

SIGNATURE  TITLE **Supv Drlg Services** DATE **12/3/19**

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY:  TITLE **Staff mg** DATE **12/9/19**

Conditions of Approval (if any):