

RECEIVED

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

Energy, Minerals and Natural Resources

DEC 06 2019

OIL CONSERVATION DIVISION

DISTRICT I-ARTESIA
1000 S. St. Francis Dr.,
Santa Fe, NM 87505

WELL API NO.

30-015-45795

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

325108

7. Lease Name or Unit Agreement Name

<325168>

PALMILLO 10 STATE COM

8. Well Number 335H

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: 890' feet from the NORTH line and 180' feet from the EAST lineSection 10 Township 19S Range 28E NMPM County EDDY11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL:3494'

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.

11/6/2019: Spud

Spud Date:

11/6/19

Rig Release Date:

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 Mgr

DATE 12/2/19

Conditions of Approval (if any):