Office	ate of New Mexico	Form C-103
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 III – (575) 748-1283 1000 Rio Brazos Rd., Aztec, NM 87410		Revised July 18, 2013 WELL API NO. 30-015-45808
		5. Indicate Type of Lease
		STATE S FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Sant DISTRICTI ARTESIAO.C. Santa Fe, NM 87505		6. State Oil & Gas Lease No. 335139
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		7. Lease Name or Unit Agreement Name
		PALMILLO 10 STATE
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number 333H
2. Name of Operator		9. OGRID Number 873
APACHE CORPORATION		2. GORD Humber 675
3. Address of Operator 3000 VETERANS AIRPARK LN #1000 MIDLAND, TX 79705		10. Pool name or Wildcat <96413> PALMILLO; BONE SPRING, SW
4. Well Location		
Unit LetterI :2430' feet from the _SOUTH line and180'feet from theEAST line		
Section 10 Township 19S Range 28E NMPM County EDDY		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL:3490'		
12. 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 REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐		
PULL OR ALTER CASING ☐ MULTIPLE COI DOWNHOLE COMMINGLE ☐	MPL CASING/CEMEN	IT JOB
DOWNHOLE COMMINGLE ☐ CLOSED-LOOP SYSTEM ☐		
OTHER:	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.		
10/29/2019: Spud		
Spud Date: 10/29/19	Rig Release Date:	
70/7///		
		<u>'</u> ΨΨ
I hereby certify that the information above is true and	complete to the best of my knowledge	ge and belief.
SIGNATURE STATE	TITLESupv Drlg Services_	DATE12/3/19
7		
Type or print name For State Use Only	E-mail address:	PHONE:
For State Ose Omy	~ L N	1/.
APPROVED BY: Conditions of Approval (if any):	TITLESTAH Mg	DATE 12/9//9