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Submit 1 Copy To Appropriate District Office	State of New Me	xico HO	28501A	Form C-103
<u>District I</u> - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natu	ral Resources	WELL API-NO.	Revised July 18, 2013
District II (575) 748-1283	OIL CONSERVATION	DIVISION	30,925-45632	
811 S. First St., Artesia, NM 88210 District III (505) 334-6178	1220 South St. Francis Dr.		Micate Type of	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE S FEE 6. State Oil & Gas Lease No.	
<u>District IV</u> ~ (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM			VC04920000	
87505 SUNDRY NOTICES AND REPORTS ON WELLS				luit A managed Name
(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.)				nit Agreement Name
1. Type of Well: Oil Well			8. Well Number Anchor 193528 State Com 2H	
2. Name of Operator			9. OGRID Number 328449	
Catena Resources Operating LLC 3. Address of Operator			10. Pool name or W	ildest
18402 US Highway 281 N, Suite 258 San Antonio TX 78259			Pearl; Bone Spring	
4. Well Location				
Unit Letter P 600 feet from the S line and 930 feet from the E line				
Section 21 Township 19S Range 35E NMPM County Lea				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3776				
12. Check A	Appropriate Box to Indicate Na	ature of Notice,	Report or Other Da	ata
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON				
PULL OR ALTER CASING				
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM				
OTHER: Withdrawal of APD	<u> </u>	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.				
proposed completion of recompletion.				
Catena Resources Operating LLC will refile this APD after force pooling hearing.				
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Spud Date:	Rig Release Dat	le:		
				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
'\\\				
SIGNATURE \	TITLE LAC	UD MAHAGE	<u>R</u> DATE	3619
Type or print name Robert Swam For State Use Only	n E-mail address:	rswann@catenare	es.comPHONE:	210-775-6993
	D .	etroleum Engir	eer	0-11
APPROVED BY: Conditions of Approval (if any):	TITLE F	~!!!!!!!!!!!!!	DATE	07/07/19