

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

Form C-103  
Revised July 18, 2013

DEC 06 2019  
OIL CONSERVATION DIVISION

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

WELL API NO. <b>30-015-45792</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>325108</b>
7. Lease Name or Unit Agreement Name <b>&lt;325168&gt;</b> <b>PALMILLO 10 STATE COM</b>
8. Well Number <b>234H</b>
9. OGRID Number <b>873</b>
10. Pool name or Wildcat <b>&lt;96413&gt;</b> <b>PALMILLO; BONE SPRING, SW</b>

**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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	

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.

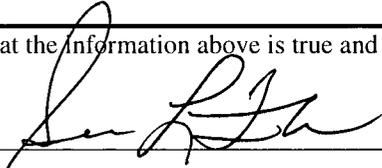
11/8/2019: Spud

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):