

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

DEC 06 2019

Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr. Santa Fe, NM 87505

DISTRICT VII-ARTESIA O.C.D.

WELL API NO. 30-015-45809
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No. 325139
7. Lease Name or Unit Agreement Name PALMILLO 10 STATE
8. Well Number 334H
9. OGRID Number 873
10. Pool name or Wildcat <96413> PALMILLO; BONE SPRING, SW
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL:3492'

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 [X] 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 H : 2000' feet from the NORTH line and 180' feet from the EAST line Section 10 Township 19S Range 28E NMPM County EDDY

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: [X]

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.

10/23/2019: Spud

Spud Date: 10/23/19

Rig Release Date:

VAB

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

SIGNATURE [Signature] TITLE Supv Drlg Services DATE 12/3/19

Type or print name E-mail address: PHONE:

For State Use Only

APPROVED BY: [Signature] TITLE STAR M, DATE 12/9/19

Conditions of Approval (if any):