

PC

Order

Approved: 07/08/19

Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> = (575) 748-1283		WELL API NO. See Attached
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505 SUNDRY NOT	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROP	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT* (FORM C-101) FOR SUCH	Turner [22880]
1. Type of Well: Oil Well	Gas Well Other	8. Well Number See Attached
2. Name of Operator Apache Corporation		9. OGRID Number 873
3. Address of Operator		10. Pool name or Wildcat
303 Veterans Airpark Lane, Suite	1000 Midland, TX 79705	See Attached
4. Well Location		
Unit Letter		feet from theline
Section 29	Township 21S Range 37E	NMPM County Lea
I have a region to the second section of the second	11. Elevation (Show whether DR, RKB, RT, GR,	elc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON		DRILLING OPNS. P AND A
PULL OR ALTER CASING		
DOWNHOLE COMMINGLE		DC 1260
CLOSED-LOOP SYSTEM COTHER: AMEND PC		PC-1360
	pleted operations. (Clearly state all pertinent details	and give pertinent dates including estimated date
of starting any proposed w	vork). SEE RULE 19.15.7.14 NMAC. For Multiple	Completions: Attach wellbore diagram of
proposed completion or recompletion.		
Anacha would like to amend Surface	Commingle Order BC 1212, per the provided curps	arting data
Apache would like to amend Surface Commingte Order PC-1213, per the provided supporting data.		
Spud Date:	Rig Release Date:	
Recommend signature by D	Director, MAM	
Thereby certify that the information	above is true and complete to the best of my knowl	leage and belief.
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SIGNATURE TOOL TU	TITLE Sr. Staff Reg Analyst	DATE 7/8/2019
Type or print name Reesa Fisher	E-mail address: Reesa.Fisher@	Danachecorp.com
For State Use Only	E-mail address: 1000a. initial	PHONE: (432) 818-1062
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APPROVED BY:	TITLE OCD DICOCH	UYDATE + 18119
Conditions of Approval (if any):		