Approved Administrative Order

Office	State of New Me			Form C-103
District I - (575) 393-6161	Energy, Minerals and Natur	ral Resources	WELL API NO	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283			See Attache	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Typ	
<u>District III</u> ~ (505) 334-6178	1220 South St. Francis Dr.		STATE FEE 7	
1000 Rio Brazos Rd , Aztec, NM 87410 <u>District IV</u> = (505) 476-3460			6. State Oil &	
1220 S St Francis Dr., Santa Fe, NM				
87505 SUNDRY NOTIC	CES AND REPORTS ON WELLS		7 Lease Name	or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOS		G BACK TO A		or our refreement rame
DIFFERENT RESERVOIR. USE "APPLICATION OF THE PROPERTY OF THE P	ATION FOR PERMIT" (FORM C-101) FO	R SUCH	JL Muncy	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number See Attached	
2. Name of Operator			9. OGRID Number	
Apache Corporation			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 the	line and	feet f	from theline
Section 24		nge 37E	NMPM	County Lea
	11. Elevation (Show whether DR,	RKB, RT, GR. etc	· Comment	The state of the s
And the second section of the second section of the second section of the second section secti				
10 01 1 4			D . O.I	D .
12. Check A	ppropriate Box to Indicate Na	ature of Notice,	, Report or Oth	er Data
NOTICE OF INT	ENTION TO:	SUF	SEQUENT R	FPORT OF
				ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A				
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	_	
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM		_	0.4060	
OTHER: SURFACE CO	1		C-1363	
	eted operations. (Clearly state all po			
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
proposed completion or recompletion.				
Anacha would like to request a Surface Commingle Order, per the provided supporting data				
Apache would like to request a Surface Commingle Order, per the provided supporting data.				
				_
I				
Spud Date:	Rig Release Dat	e:		
		<u> </u>		!
Recommend signature by Director. MAM				
I hereby certify that the information a	pove is true and complete to the bes	st of my knowledg	ge and belief.	
\cap 1				
SIGNATURE & DESA H	•			
	TITLE Sr. Staff	Reg Analyst	г	DATE 6/13/2019
D	TITLE Sr. Staff	Reg Analyst	[DATE 6/13/2019
Type or print name Reesa Fisher	TITLE Sr. Staff E-mail address:	Secret Fish (Oct		PHONE: (432) 818-1062
Type or print name Reesa Fisher For State Use Only	WHATER TO THE METERS OF THE SECOND SE	Secret Fish (Oct		271 H
For State Use Only	E-mail address:	Secret Fish (Oct	achecorp.com p	PHONE: (432) 818-1062
Type or print name Reesa Fisher For State Use Only APPROVED BY: Conditions of Approval (if any):	WHATER TO THE METERS OF THE SECOND SE	Secret Fish (Oct	achecorp.com p	271 H