

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
DEC 06 2019
OIL CONSERVATION DIVISION
District I - Artesia, NM
St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

| |
|---|
| WELL API NO. 30-015-45791 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. 32513A |
| 7. Lease Name or Unit Agreement Name PALMILLO 10 STATE |
| 8. Well Number 233H |
| 9. OGRID Number 873 |
| 10. Pool name or Wildcat <96413> PALMILLO; BONE SPRING, SW |

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|--|--|
| 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | |
| 2. Name of Operator APACHE CORPORATION | |
| 3. Address of Operator 3000 VETERANS AIRPARK LN #1000 MIDLAND, TX 79705 | |
| 4. Well Location Unit Letter H : 1960' 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:3493' | |

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| 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.

10/25/2019: Spud

Spud Date:

10/25/19

Rig Release Date:

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 Mgr DATE 12/19/19

Conditions of Approval (if any):