| Submit Copy To Appropriate District Office  | State of N   |                      |                                       |             |   | Form C-103                    |  |
|---|--|----------------------|---------------------------------------|-------------|---|-------------------------------|--|
| <u>District I</u> – (575) 393-6161<br>1625 N. French Dr., Hobbs, NM 88240   |  |                      | al Reso                               | ources      | WELL API NO.                                  | Revised July 18, 2013         |  |
| District II = $(575)$ 748-1283  |  |                      | D II II 0                             | 1001        | 20.015.45011                                  |                               |  |
| 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVI   |  |                      | Í                                     |             | 5. Indicate Type of Lease                     |                               |  |
| District III – (505) 334-6178 1220 South St. Francis Di 1000 Rio Brazos Rd., Aztec, NM 87410                                    |  |                      | 1                                     | •           | STATE 🗵                                       | FEE                           |  |
| <u>District IV</u> – (505) 476-3460   |  |                      |                                       |             | 6. State Oil & Gas                            | Lease No.                     |  |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |  |                      |                                       |             |   |                               |  |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK                      |  |                      |                                       | то л        | 7. Lease Name or Unit Agreement Name <325175> |                               |  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH   |  |                      |                                       | IOA         | PALMILLO 3 ST                                 | TATE COM                      |  |
| PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other   |  |                      |                                       |             | 8. Well Number                                | 352H                          |  |
| 1. Type of Well: Oil Well ☑ Gas Well ☑ Other  2. Name of Operator   |  |                      |                                       |             | 9. OGRID Number 873                           |                               |  |
| APACHE CORPORATION  |  |                      |                                       |             | 9. OGKID Nullibe.                             | 0/3                           |  |
| 3. Address of Operator 3000 VETERANS AIRPARK LN #1000   |  |                      |                                       |             | 10. Pool name or V                            | Vildcat <96413>               |  |
| MIDLAND, TX 79705   |  |                      |                                       |             | PALMILLO; BONE SPRING, SW                     |                               |  |
| 4. Well Location  |  |                      |                                       |             |   |                               |  |
| Unit LetterP_:73  | 22' feet from the _SOUTH_                          | line a               | and                                   | 180'        | feet from theEAS'                             | Γline                         |  |
| Section 3   | Township 19S                                       | Range                | 28E                                   |             |   | ounty EDDY                    |  |
|   | 11. Elevation (Show whe                            | ther DR,             | RKB, R                                | T, GR, etc. | )   | the state of the state of the |  |
|   | GL:3480'   |                      |                                       |             | La ha Sama                                    |                               |  |
| 10  |  |                      |                                       |             |   |                               |  |
| 12. Check   | Appropriate Box to Indi                            | icate Na             | iture o                               | f Notice,   | Report or Other I                             | <b>D</b> ata                  |  |
| NOTICE OF IN  | NTENTION TO:                                       |                      |                                       | SUR         | SEQUENT REF                                   | ORT OF:                       |  |
| PERFORM REMEDIAL WORK   |  |                      | REME                                  | DIAL WOR    |   | ALTERING CASING               |  |
| TEMPORARILY ABANDON   | /  | $\boxtimes$          | 1                                     | 1           |   | P AND A                       |  |
| PULL OR ALTER CASING  | MULTIPLE COMPL                                     |                      | CASIN                                 | G/CEMEN     | T JOB   | _                             |  |
| DOWNHOLE COMMINGLE  | :  |                      |                                       |             |   |                               |  |
| CLOSED-LOOP SYSTEM  |  |                      |                                       |             |   | _                             |  |
| OTHER:  13. Describe proposed or com  | nlated energians (Clearly)                         | otata all n          | OTHE                                  |             | d aive portinant dates                        | including actionated data     |  |
|   | ork). SEE RULE 19.15.7.14                          |                      |                                       |             |   |                               |  |
| proposed completion or re   |  | + 1 (1/1/1C          | . 1011                                | Tumple Co.  | impietions. Attach we                         | moore diagram of              |  |
|   | 1  |                      |                                       |             |   |                               |  |
| Apache respectfully request to change BHL, prod csg depths and cement for the Palmillo 3 State Com 352H due to change in target |  |                      |                                       |             |   |                               |  |
| depths:   |  |                      |                                       |             |   |                               |  |
| OLD BHL: 1310' FSL & 50' FWL  | NEW BH   | II · 710' F          | 5CI & 5                               | 50, EWI     |   |                               |  |
| OLD BIIL. 1910 TSL & 30 TWL   | MEW DII  | IL. /10 I            | OL & J                                | O TWL       |   | ECEIVED                       |  |
| OLD Prod – 8-3/4" - setting depth:  | 8772' Est TOC: 2500'                               | Total sx             | cmt: 72                               | 20sx /      | 0.1   | LUCIVEL                       |  |
|   | : 13348' Est TOC – 8772'                           | Total sx             | cmt: 85                               | 54sx        |   | JAN 27 2020                   |  |
| NIEW Dood 0 2/42 Jundo  | . 00002  | T-4-1                |                                       | 22          | ·   | 5/114 2 / 2020                |  |
| NEW Prod - 8-3/4" - setting depth<br>8-1/2" - setting depth   | : 8802' Est TOC: 2500'<br>: 13384' Est TOC – 8802' | Total sx<br>Total sx |                                       |             | EMNR  | D-OCD ARTESIA                 |  |
| o n = otting depti  |  | 10141 0/1            | · · · · · · · · · · · · · · · · · · · |             |   |                               |  |
|   |  |                      |                                       |             |   | 7                             |  |
| Spud Date:  | Rig Re   | elease Da            | te:                                   |             |   |                               |  |
|   |  |                      | _                                     |             |   |                               |  |
|   |  | 1 1                  | . c                                   | 1 1 1       | 11 1: 6                                       |                               |  |
| I hereby certify that the information   | above is true and complete                         | to the be            | st or my                              | y knowieag  | ge and belief.                                |                               |  |
| V   |  |                      |                                       |             |   |                               |  |
| SIGNATURE Sem   | THTLI  | ESu <u>r</u>         | ov Drlg                               | Services    | DATE_   | 12/9/19                       |  |
| , ,   | / -  | _                    |                                       |             |   |                               |  |
| Type or print nameSorina L Flor   | res E-mail address:                                | sorin                | a.flores                              | @apacheco   | orp.com PHONE                                 | 432-818-1167                  |  |
| For State Use Only  |  | _                    | _                                     |             |   |                               |  |
| APPROVED BY Saymon  | My Solang_TITLE                                    | 616                  | rolos                                 | 134         | . DAT   | E 2-10-2020                   |  |
| Conditions of Approval (if any):  |  |                      |                                       |             |   |                               |  |