

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**DISTRICT I**

1625 N. French Dr., Hobbs, NM 88240

**DISTRICT II**

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. BOX 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-34592

5. Indicate Type of Lease

☐ STATE

☒ FEE

6. State Oil & Gas Lease No.

22880

7. Lease Name or Unit Agreement Name

Turner

8. Well No.

20

9. Pool name or Wildcat

Brunson / Ellenburger

**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

☐ GAS WELL

☐ OTHER

2. Name of Operator

Apache Corporation

3. Address of Operator

2000 Post Oak Blvd., Ste. 100, Houston, Texas 77056-4400

4. Well Location

Unit Letter P : 330 Feet From The South Line and 730 Feet From The East Line  
Section 22 Township 21S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3400' GR

11.

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

☐ Other

**SUBSEQUENT REPORT OF:**

☐ Remedial Work

☐ Altering Casing

☒ Commence Drilling Operations

☐ Plug and Abandonment

☐ Casing Test and Cement Job

☒ Other

Surface Casing

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)  
SEE RULE 1103.

4/2/99 MIRU Patterson Rig # 63. Spud well @ 6:30 pm

4/3/99 Drill 12-1/4" hole to 1206'. Ran 27 jts 9-5/8" 32# H-40 ST&C casing. Cemented w / 420 sx Class "C".  
Circulated 135 sx to pit.

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

SIGNATURE

*Debra J. Anderson*

TITLE

Engineering Technician

DATE

4/20/99

TYPE OR PRINT NAME

Debra J. Anderson

TELEPHONE NO.

713-296-6338

(This space for State Use)

APPROVED BY

ORIGINAL SIGNATURE OF APPROVING OFFICIALS

DATE

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I SUPERVISOR

1999

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