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Form 3160-5					FORM APP	ROVED
(April 2004) •	UNITED STATES EPARTMENT OF THE INTERIOR		OCD Hobbs		OM B No. 1004-0137	
<i>Ģ</i> DI					Expires: March 31, 2007	
BUREAU OF LAND MANAGEMENT				5. Lease Serial No.		
·				LC-032096-B		
SUNDRY NOTICES AND REPORTS ON WELLS					6. If Indian, Allottee or Tribe Name	
Do not use this form for proposals to drill or to re-enter an						·
abandoned well Use Form 3160-3 (APD) for such proposals					7. If Unit of CA / Agreement, Name and/or No.	
SUBMIT IN TRIPLICATE - Other instructions on reverse side.						
1. Type of Well					8. Well Name and No.	
Oil Well	Gas Well		Other		East Blinebry	Drinkard Unit #87
2. Name of Operator Apache Corporation			9. API Well No. 30-025-39406			
3a. Address 3b. Phone No. (include area code)				10. Field and Pool, or Exploratory Area		
PO Box 1849, Eunice NM 88231 575-390-4186				Eunice Blinebry Drinkard Tubb-North		
4. Location of (Footage, Sec., T., R., or Survey Description)				11. County or Parish, State		
1185' FSL & 1060' FEL P-11-21S-37E				Lea County, New Mexico		
12. CHECK APPRO	OPRIATE BOX(ES)	TO INDICATE	E NATURE OF NO	TICE, F	REPORT, OR OTHER DA	TA
TYPE OF SUBMISSION			TYI	PE OF AC	CTION	
Notice of Intent	Acidize		Deepen	Pr	oduction (Start/Resume)	Water Shut-off
Notice of Intent	Alter Casing		Fracture Treat	R	eclamation	Well Integrity
Subsequent Report	Casing Repair		New Construction	□ R	ecomplete	Other
Final Abandonment Notice	Change Plans		Plug and Abandon	☐ T	emporarily Abandon	Report of
Final Abandonment Notice	Convert to Inje	ection	Plug Back	□w	ater Disposal	Reclamation

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the bond No. on file with the BLM / BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

This BLM location was downsized on 03/24/2011 and site was reseeded on 08/02/2011 with BLM Seed #9 as per the APD. The location was watered on 08/02/11, 08/13/11 and 08/20/11.

Apache Corporatation took off 37' off of the east side and 30' off of the south side.

HOBBS OCD APR 0 3 2013

Accepted for Record Purposes. Approval Subject to Onsite Inspection. If BLM Objectives are not achieved,

additional work may be required. Date: 3-30-13

BECEIA	ED	Ganature: I Como
14. I hereby certify that the following is true and correct		
Name Natalie Gladden	Title	Sr Environmental Tech
Signature (Atalii (Si) adole	Date	
THIS SPACE FOR F	FEDERAL OR S	TATE OFFICE USE
Approved by	Title	Date
Conditions of approval, if any, are attached. Approval of this notice does no warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operatins thereon.	Office	
Title 18 U.S.C., Section 1001 and Title 43 U.S.C., Section 1212, make it a cr States any false, fictitious or transmission representations as local		

Down size,	location	pad.)
	10000.	P ~ ~ .	•

Date(3/3///

	SRIDU			PT	
Lease name	C15 UV	<i>\</i>	Well#_	1 /	

Notes:

#1, Before &, after location size.

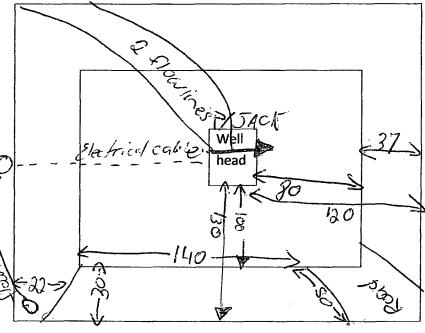
#2, Where the electric cable pole is located.

#3, Date and year of down size.

#4, Draw road direction coming in, and direction of pump jack.

#5, Leave more space towards front of P/Jack head, or side away flow line.

#6, Don't remove entrance road coming into location.



(A) Before down size.	X
(B) After down size.	X
(C) Calliche dirt Destiny.	

Description. Down Side	laction

(Operator Name Sakiel O.

Date 03/25/1/

W J