| Form 3109-3<br>(March 2012)   UNITED STATES   APR 0 1 2014   Code APPROVED<br>(ARR 2012)     DEPARTMENT OF THE INTERIOR<br>BURGATO FLAD MARAGEMENT<br>BURGATO FLAD MARAGEMENT<br>BURGATO FLAD MARAGEMENT<br>BURGATO FLAD MARAGEMENT<br>BURGATONE OF LAD MARAGEMENT<br>BURGATONE<br>BURGATONE OF LAD MARAGEMENT<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>SUBJECT NTREPLOATE - Other Indextone on page 2   I. Lew Scill No.<br>Marade BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGATONE<br>BURGAT | Perm 3(60-5<br>(Meth 29/3)   UNITED STATES<br>DEPARTMENT OF THE INTERIOR<br>BURRAU OF LAND MANAGEMENT<br>RECEIVED   MCR 0 1 2014<br>Departs (Deba 20<br>SUBJECT OF THE INTERIOR<br>BURRAU OF LAND MANAGEMENT<br>RECEIVED   State 20<br>SUBJECT OF THE INTERIOR<br>BURRAU OF LAND MANAGEMENT<br>RECEIVED     SUBJECT OF LAND CASE AND REPORTS ON WELLS<br>Do not use this form for proposals to drill or to re-enfer an<br>abadred or other last scale proposals.   G. Indian, Aldered on The Name<br>Andread Cost (Cost of CAA) (PRO) for such proposals.     SUBJECT OF Well   SUBJECT OF Indian, Aldered on The Name<br>SUBJECT OF Cost (Cost of CAA) (PRO) for such proposals.   G. Indian, Aldered on The Name<br>Andread Cost (Cost of CAA) (PRO) for such proposals.     1. Type of Well   Case Well   Other Injection Well   Well Name and<br>Well Name and Unit (WRD)<br>Subject of The Name (Cost of CAA) (PRO) for ALD (Cost of CAA) |                  |
|---|--|------------------|
| Familie3   UNITED STATES   Coates in UNITED STATES     BUREAU OF LAND MANAGEMEN   BCEFUED     SUMDRY MOTICES AND REPORTS ON WELLS   States in United States in This Name     Do not use this form for proposals to drift or to re-oriter an abandoned well. Use Form 3160-3 (APD) for such proposals.   If This of CAAperinnet, Name address.     SUBMIN 1017FEL   SUBMIN 1017FEL   The Manu 2017FEL     Submot 2017FEL   Submot 2017FEL   The Manu 2017FEL     Submot 2017FEL   Submot 2017FEL   Submot 2017  | From 3(0-3)   UNITED STATES   0.0000 Minimized State     JDEPARTMENT OF THE INTERIOIT   0.0000 Minimized State   0.0000 Minimized State     SUBDRY NOTICES AND REPORTS ONVELLS   0.0000 Minimized State   0.0000 Minimized State     Do not use this form for proposals to drill of to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.   1.1. Indian, Alloites of Trike Name     1. Type of Well   Image State State   1.0000 Minimized State State   1.1. Indian, Alloites of Trike Name     2. Name of Operator   6.0000 Minimized State State   3.0000 Minimized State   1.1. Indian, Alloites of Trike Name     1. Type of Well   Image Operator   3.0000 Minimized State   3.0000 Minimized State   1.1. Indian, Alloites of Trike Name     2. Name of Operator   3.0000 Minimized State   3.0000 Minimized State   3.00000 Minimized State     3. Address   3.00000 Minimized State   3.00000 Minimized State   3.00000 Minimized State     3. Location of Well (Foodage, State, T.R., M, or Survey Description)   11. County or Prints, State   12. Check THE APPOPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT ON OTHER DATA     TYPE OF SUBMISSION   12. CHECK THE APPOPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT ON OTHER DATA   12. CHECK THE APPOPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT ON THE DATA     TYPE OF SUBMISSI   |                  |
| SUNDRY NOTICES AND REPORTS ON VELLS       Do not use this form for proposals to drill or to re-onfor an<br>abandonad well. Use Server 316:0: (APD) for such proposals.       SUBMT IN TRIPLICATE - Other Instructions on page 2.       1. Type of Null       1. Type of Null     Class Year 10 (MB) (MB) (MB) (MB) (MB) (MB) (MB) (MB)  | INCLUES     INCLUES     Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.     Intermediation of the proposals of the proposals.     Intermediation of the proposals of the proposals.     Intermediation of the proposals.     Intermediation of the proposals.     Intermediation of Well     Auge of the proposals.     Intermediation of Well     Auge of the proposal of the proposals.     Intermediation of Well     Auge of the proposal of the proproposal of the proposal of the proposal of  | 137              |
| Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.   If this of CAAs present, Name and/or No. WBCU     SubMIT IN TRPLACATE - Other Instructions on page 2   If this of CAAs present, Name and/or No. WBCU     Imposite of Well   WBCU   WBCU     Imposite Submit IN TRPLACATE - Other Instructions on page 2   If this are and No. WBCU     Imposite Submit IN TRPLACATE - Other Instructions on page 2   If this are and No. WBCU     Imposite Submit IN TRPLACATE - Other Instructions on page 2   If this are and No. WBCU     Imposite Submit IN TRPLACATE - Other Instructions on page 2   If this are and No. WBCU     Imposite Submit IN TRPLACATE - Other Instructions on page 2   If this are and No. WBCU (MBCU) areas on the submit Instructions on page 2     Imposite Submit IN TRPLACATE - Other Instructions on page 2   If this areas No. WBCU (MBCU) areas on the submit Instructions on page 2     Imposite Submit IN TRPLACATE - Other Instructions on page 2   If this areas No. WBCU (MBCU) areas on the submit Instructions on page 2     Imposite Submit IN TRPLACATE - Other Instructions on page 2   If the submit Instructions on page 2     Intermit Instructions on the submit Instructions on page 2   If the submit Instructions on page 2     Intermit Instructions on the submit Instructions on t  | Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.     SUBMIT IN TRIPLICATE - Other instructions on page 2.     1. Type of Well     Oil Well   Gas well     2. Name of Operation     3a. Address     3b. Phone No. (include area code)     10. Well Mane and No.     Well Name and No.     Name of Operation     (87)     3b. Phone No. (include area code)     10. Decident Orbot Explanatory Arich     110. Center K as off FL U.H See T218 RD*     120. CELECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA     TYPE OF SUBMISSION   11. Center Treet     12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA     TYPE OF SUBMISSION   11. Center Treet     13. Describe Proposed or Completed Operation: Clearly state all pertinent detabls, including  |                  |
| abandoned well.     Use Form 3160-3 (APD) for such proposals.       SUBMIT IN TRIPLICATE - Other Instructions on page 2.     If this of CAAgreement, Name maker No. WelDU       Only Well     Cass Well     Other Injection Well     WelDU     Submit No. Marked No. Well Name maker       Another Optimizer     Gray     Well Name maker     Subplication (NOR)     Subpli   | abandoned well. Use Form 3160-3 (APB) for such proposals.     I. Type of Well     1. Type of Well   Gas Well   Other Injection Vell   Well Well 0     2. Name of Operator   Well 0   Subgrave Action 100 (Well 0)   Subgrave Action 100 (Well 0)     3. Adjetes   Subjetes   Subjetes   Subjetes   Subjetes     3. Adjetes   Subjetes   Subjetes   Subjetes   Subjetes   Subjetes     1. Location of Well (Foolege, Sec., T.R.M., or Survey Description)   II. Conny of Paritis, Subjetes   The Gor SubMitSion   The Gor SubMitSion   II. Conny of Paritis, Subjetes   Subjetes   Subjetes   Garanty NM     12. CHECK THE APPROPRIATE ROX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA   TYPE OF SUBMISSION   TYPE OF SubMitSion (Star/Resume)   Water Si     13. Describe Proposed or Completed Operation   Chair (Star/Resume)   Parities   Other A     13. Describe Proposed or Completed Operation   Chair (Star/Resume)   Sta  |                  |
| 1. Type of Well   | 1. Type of Well   Gas Well   Other Injection Well   Student and No. West Sincery Dinked Unit (MBD)     2. Name of Operator   South State Sincery Dinked Unit (MBD)   South State Sincery Dinked Unit (MBD)     3. Adjetes   South State Sincery Dinked Unit (MBD)   South State Sincery Dinked Unit (MBD)     3. Adjetes   South State Sincery Dinked Unit (MBD)   South State Sincery Dinked Unit (MBD)     3. Adjetes   South State Sincery Dinked Unit (MBD)   South State Sincery Dinked Unit (MBD)     1. Location of Well (Facinge, Ste., T.R.M., or Survey Description)   II. County or Parish, Sinte   Lea County, NM     1. Location of Well (Facinge, Ste., T.R.M., or Survey Description)   II. County or Parish, Sinte   Lea County, NM     1. Location of Well (Facinge, Ste., T.R.M., or Survey Description)   II. County or Parish, Sinte   Lea County, NM     1. Location of Well (Facinge, Ste., T.R.M., or Survey Description)   II. County or Parish, Sinte   Lea County, NM     1. Location of Well (Facinge, Ste., T.R.M., or Survey Description)   II. County or Parish, Sinte   Lea County, NM     1. Subsequent Report   C. CHECK THE APPROPRIATE DOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA   TYPE OF SUBMISSION   Water Stepsed     1. Subsequent Report   Cheing Repair   Prove Construction   Recounplete   Other A  |                  |
| Oil Well   Gas Well   Other injection Well   Well Mane and Well   Well Mane and Well (WeBDU) PR20 (373     A Address  | Oil Well   Gas Well   Other Injection Well   Stell Name and No.     3. Name of Operator<br>Apache Corrolation (873)   30.4285-06432   30.5285-06432     3. Adjetes<br>Status Association (873)   35. Phone No. (Include area code)   10.Eeld and Pool or Exploratory Area<br>Status Association (873)     1. Location of Well (Footage, Sec., T.R.M. or Survey Description)   432818-1062   Eunice, B-T-D, North (22900)     1. Location of Well (Footage, Sec., T.R.M. or Survey Description)   11. County or Parish, State   Lea County, NM     1. Location of Well (Footage, Sec., T.R.M. or Survey Description)   11. County or Parish, State   Lea County, NM     1. Location of Well (Footage, Sec., T.R.M. or Survey Description)   11. County or Parish, State   Lea County, NM     1. Location of Well (Footage, Sec., T.R.M. or Survey Description)   12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA     TYPE OF SUBMISSION   TYPE OF ACTION   Well File     1. Notice of Intent   Acidize   Deepen   Production (Star/Resume)   Water State     13. Describe Proposed or Completed Operation: Clearly state all perinent details, including estimated starting date of any proposed work and approxima the proposal is to deepen directionally or recomplete from transition is a multiple completion of neor Norther Mark Associated and the set will be on the work will be confored or poworea the file following completion of the involv   | /or No.          |
| 3b. Address   25. Fibre No. (Include avac code)   10. Exit and Pool Exploratory Arei     3b. More N. Areis   326.11-052   Exit and Pool   Exit and Pool     10. Exit and Pool   Exit and Pool   Exit and Pool   Exit and Pool     10. Exit and Pool   Exit and Pool   Exit and Pool   Exit and Pool     10. Exit and Pool   Exit and Pool   Exit and Pool   Exit and Pool     10. Exit and Pool   Exit and Pool   Exit and Pool   Exit and Pool     10. Exit and Pool   Exit and Pool   Exit and Pool   Exit and Pool     10. Exit and Pool   Exit and Pool   Exit and Pool   Exit and Pool     10. Exit and Pool   Exit and Pool   Exit and Pool   Exit and Pool     11. Exit and Pool     11. Deccale Propool   Coning Repair   Pile gat Alandoo   The Recomptete Array Pool   Exit and Pool     12. Deccale Propool   Coning Repair   Pile gat Alandoo   The Recomptete   Oner ANNUAL MP     13. Deccale Propool   Coning Repair   Pile gat Alandoo   The Recomptete   Exit and Pool     14. Thereby confly that the foregoing is trace and convect<   | 3a. Adjets:   3b. Phone No. (include area code)   10. Eleid and Pool or Exploratory Area     33. Working: Korpack Law, Sule 1000   432/818-1062   Eunice; B-T.D, North (2200)     A. Location of Well (Facetype, See, T, R, M, or Survey Description)   Location of Well (Facetype, See, T, R, M, or Survey Description)   Location of Well (Facetype, See, T, R, M, or Survey Description)     12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA   TYPE OF SUBMISSION   TYPE OF ACTION     13. Describe Forgester Report   Casing Repair   Decem   Production (Star/Resume)   Walt FSI     33. Ubsequent Report   Casing Repair   Notice of Intent   Alter Cosing   Preture Teat   Recomplete   Other A     34. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of my proposed work and approxima the proposal is to despen directionally or recomplete or provide the Bond No, on File with BLMBIA. Required absequent reports must be file following give subsurface locations and neased and rue verified depths of all pertinent Actions is a neased and rue verified depths of all pertinent mode the site is ready for final inspection.)     14. Thereby certify that the foregoing is true and correct. Name (Printed/Typed)     Resea Fisher   Title Sr. Staff Reg Analyst     14. Thereby certify that the foregoing is true and correct. Name (Printed/Typed)     Resea Fisher   Title Sr. Staf  | J) #020 (373     |
| 200 Ward, TX, TAPS, Solid Status   432818-1062   Enclose, B-T-D, North (22000)     1 Location of Wall (Foolage, See, T. R., M. or Survey Description)   III. Control of Parkins, State     1 200 File. 30 of File. UL. See 0.71: 8 N7E   III. Control of PARK, State     1 200 File. 30 of File. UL. See 0.71: 8 N7E   III. Control of PARK, State     1 200 File. 30 of File. UL. See 0.71: 8 N7E   III. Control of PARK, State     1 200 File. 30 of File. UL. See 0.71: 8 N7E   III. Control of PARK, State     1 200 File. 30 of File. ULL See 0.71: 8 N7E   III. Control of PARK, State     1 200 File. 30 of File. ULL See 0.71: 8 N7E   III. Control of PARK, State     1 200 File. 30 of File. ULL See 0.71: 8 N7E   III. Control of PARK, State     1 200 File. 30 of  | 303 Weight, TZ 7976   432/818-1062   Eunice; B-T-D, North (22900)     I Location of Well (Footage, Sec., T.R., M., or Survey Description)   II. County or Parish, State     1980 FALL & S60 FEL UL H See 8 7218 R37E   II. County or Parish, State     10   CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA     TYPE OF SUBMISSION   II. Change Plan     Aciditize   Despin     Prote of Jaten   Aciditize     Alter Casing   Proteure Treat     Reclamation   Well Find     Subsequent Report   Casing Repair     Plag and Abandon   Recomplete     Casing Repair   New Construction     Plag and Abandon   Recomplete     Casing Repair   New Construction     Plag and Abandon   Recomplete     Casing Repair   New Construction     Proposed or Completed Operation: Clearly state all pertiment details, including estimated starting due of any proposed work and approxima the file Bold under which the work will be performed or provide the Bond Koo. on file will Buettines the file following completion of the involved uperations. If the operation results is a multiple completion or accompletion in a new interval, a Form 3160-4     10. Describe Proposed or Complete domain which the work will be performed or provide the Bond Koo. on file will BuchWilds. Requinalion, hav   |                  |
| 1960 FRL 0.014 See 07 218 027E   Lea County, NM     12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA     TYPE OF SUBMISSION   TYPE OF ACTION     Image: Subsequent Report   Despon     Image: Subsequent Report   Change Plans  | 1300 FML & COO FEL ULH Sec 8 T21S R37E   Isa County, NM     12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA     TYPE OF SUBMISSION   TYPE OF ACTION     Subsequent Report   Other Asing     Change Plans   Preduction (Star/Resume)     Final Abandonment Notice   Consing Repair     Other Main   Other Action     Table County of the proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approxima the proposal is to decear dotterionally or ecomplete for or recomplete for or acomplete of all pertinent details, including estimated starting after of any proposed work and approxima the proposal is to decear dotter involved operations. If the operation results is a multiple completion or recomplete in an ewinterval. A form 3160-41 for the testing has been completed. Final Abandomment Notices must be filed only after all requirements, including reclamation, have been completed and testing has been completed. Final Abandomment Notices must be filed only after all requirements, including reclamation, have been completed and testing has been completed. Final Abandomment Notices must be filed only after all requirements, including reclamation, have been completed and testing has been completed for the required annual UIC testing. See chart attached.     14. Thereby certify that the foregoing is true and correct. Name (Printed/Typed)     Reesa Fisher   Title Sr. Staff Reg Analyst     Signature   Gauge Jiang Jian  |                  |
| TYPE OF SUBMISSION   TYPE OF ACTION     Notice of Intent   Acidize   Deepen   Production (Start/Resume)   Water State-Off     Subsequent Report   Claiming   Protection (Start/Resume)   Water State-Off     Subsequent Report   Claiming Repair   New Construction   Recomplete   Other ANNUAL MP     Subsequent Report   Claiming Repair   New Construction   Recomplete   Other ANNUAL MP     13. Describe Proposed or Completed Operation: Cloury to bigition   Plug and Abandon   Temporarity Abandon   Temporarity Abandon     13. Describe Proposed or Completed Operation: Cloury to bigition   Plug and Abandon   Temporarity Abandon   Temporarity Abandon     13. Describe Proposed or Completed Operation: Cloury to bigition   Plug and Abandon   Temporarity Abandon   Plug and Abandon     14. Thereby certify that the foregoing is true and correct. Nume (Printed?) pred?   Recencempleted. Time Abandonement Nulles completion or accompletion in a new interval, a Form 3160-4 must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)     Apache tested this well 2/14/2014 for the required annual UIC testing. See chart attached.   Date 03/31/2014     This SPACE FOR FEDERAL OR STATE OFFICE USE     Approved by   Date   | TYPE OF SUBMISSION   TYPE OF ACTION     Notice of Intent   Acidize   Deepen   Production (Start/Resume)   Water St     Subsequent Report   Casing Repair   New Construction   Recomplete   Other A     Final Abandonment Notice   Convert to Tigetion   Plug and Abandon   Temporarily Abandon     13. Describe Proposed or Completed Operation: Clearly state all pertinent detaits, including estimated starting date of any proposed work and approxima the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical deptits of all pertinent method house on the with BLMBIA. Required subsequent reports must be file following completion of the involved operations. If the operation results in a multiple completion or recompleted and idetermined that the site is rendy for final inspection.)     Apache tested this well 2/14/2014 for the required annual UIC testing. See chart attached.     14. Thereby certify that the foregoing is true and correct. Name (Printed/T)ped/     Reesa Fisher   Title Sr. Staff Reg Analyst     Signature   Reuse Tignate     Date 03/31/2014   THIS SPACE FOR FEDERAL OR STATE OFFICE USE   |                  |
| Notice of Insent   Acidize   Deepen   Production (Start/Resume)   Water State-Off     Subsequent Report   Casing Repair   New Construction   Recompilea   Ø Other ANNUAL MP     Pinal Abandonment Notice   Casing Repair   New Construction   Recompilea   Ø Other ANNUAL MP     13. Describe Proposed or Completed Operation: Clearly state all perfinent dents, including estimated starting date of any proposed work and approximate duration there the proposal is to deepen directionally or recomplete horizonally, yie substrate 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 Mo, on file with PLMBIA. Required adaption of the involved operators. If the operator newslis is a multiple completion of the involved operators. If the operator newslis is a multiple completion of the involved operators. If the operator newslis is a multiple completion of the involved operators. If the operator newslis is a multiple completion of the involved operators. If the operator newslis is a multiple completion of the involved operators. If the operator newslis is a multiple completion of the involved operators.     14. 1 hereby certify that the foregoing is true and correct. Name (Printed/Typed)   This. Sr. Staff Reg Analyst     Reases Fisher   This SPACE FOR FEDERAL OR STATE OFFICE USE     Approved by   This SPACE FOR FEDERAL OR STATE OFFICE USE     Approved by   Trial   Date     Constrone of the propoind of this solve does not warrant or crerity of th  | Notice of Intent   Acidize   Deepen   Production (Start/Resume)   Water St     Subsequent Report   Casing Repair   New Construction   Recomplete   Other A     Final Abandonment Notice   Convert to Injection   Plug and Abandon   Temporarily Abandon     13. Describe Proposed or Completed Operation: Clearly state all perfinent details, including estimated starting date of any proposed work and approxima the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all perfinent end that, is multiple completion or recompleted performed or provide the Bond No. on file with BL/MBIA. Required subsequent reports must be filed only after all requirements, including reclanation, have been completed and determined that the site is ready for final inspection.)     Apache tested this well 2/14/2014 for the required annual UIC testing. See chart attached.     14. 1 hereby certify that the foregoing is true and correct. Name (Printed/Typed)     Reesa Fisher     Signature   Trule   Sr. Staff Reg Analyst     Signature   Reward   Date 03/31/2014     THIS SPACE FOR FEDERAL OR STATE OFFICE USE  |                  |
| Notice of Intent   Alter Casing   Fracture Treat   Reclamation   Well Integrity     Subsequent Report   Craing Repair   New Construction   Recomplete   Other ANNUAL MP     Final Abandonment Notice   Conceptor Proposed or Completed Operation: Clearly state all pertinent details, including estimated stating date of my proposed work and approximate duration there and the proposal is to deepen directionally or complete horizonally, they substrate docations and neasure of and periodical duration there and the bond under which the work will be performed or provide the Bond Mo, on file with BLMBIA. Regular do all performed matters and access Attach tile Bond under which the work will be performed or provide the Bond Mo, on file with BLMBIA. Regular durat, a Form 316/do must be filed on the string has been completed. Final Abandonment Notices must be filed only after all requirements, including reclanation, have been completed and the operator has determined that the site is ready for final inspection.)     Apache tested this well 2/14/2014 for the required annual UIC testing. See chart attached.     This SPACE FOR FEDERAL OR STATE OFFICE USE     Aparwale by     This SPACE FOR FEDERAL OR STATE OFFICE USE     Approved by     Trile   Date     Office     Office     This SPACE FOR FEDERAL OR STATE OFFICE USE     Approved by     Trile   Date     Office     Office     Trile  | Notice of intent   Alter Casing   Practure Treat   Reclamation   will het     Subsequent Report   Casing Repair   New Construction   Recomplete   Other A     Thial Abandonment Notice   Convert to Injection   Plug Back   Water Disposal   Temporarily Abandon     13. Describe Proposed or Completed Operation: Clearly state all pertinent delis, including estimated starting due of any proposed work and approxima the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent m Attach the Bond No. on file with BLM/IBLA. Receptor smass be file following completion of the involved operations. If the operation results is a multiple completion on intervite autors with the stress ready for final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and idetermined that the site is ready for final inspection.)     14. 1 hereby certify that the foregoing is true and correct. Name (Printed/Typed)     Reesa Fisher   Title Sr. Staff Reg Analyst     Signature   Reesa Jibb     Bignature   This SPACE FOR FEDERAL OR STATE OFFICE USE   |                  |
| Subsequent region   Change Plans   Plag and Abandon   Temporarily Abandon     I'nial Abandonment Notice   Convert to hipiction   Plag and Abandon   Water, Disposal     13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration there the proposal is to deepen directionally or recomplete horizontality, give substring clocalations and massauced and true vertical depths of all pertinent markers and zones. Attach the Bood under which the work will be performed or provide the Bond No. on file with BLM2HA. Regulated subsequent reports must be filed within 30 days following completion of in anew interval, a Form 31 Go-4 must be filed within 30 days following completion. Such a few will be performed or provide the Bond No. on file with BLM2HA. Regulated subsequent reports must be filed within 30 days following completion of in anew interval, a Form 31 Go-4 must be filed within 30 days following completion. A file without operator has determined that the site is ready for final inspection.)     Apache tested this well 2/14/2014 for the required annual UIC testing. See chart attached.     14. 1 hareby certify that the foregoing is true and correct. Name (Primed/Typed)     Reesa Fisher     Signature   This SPACE FOR FEDERAL OR STATE OFFICE USE     Approved by   Title   Date     Opproved by   Title   Date     Chaditions of approval, if any, are attached. Approval of this notice does not warrant or certify of file   Date     Chaditions of approv   | 14. 1 hereby certify that the foregoing is true and correct. Name (Printed/Typed)     14. 1 hereby certify that the foregoing is true and correct. Name (Printed/Typed)     Reesa Fisher     15. Describer Forest Correct Correct to the correct of this SPACE FOR FEDERAL OR STATE OFFICE USE   |                  |
| Final Abandonment Notice       Convert to Injection       Plug Back           Water Disposed             13. Describe Proposed or Completed Operation: Clearly state all periment details, including estimated starting due to faily proposed work and approximate duration there involved operatical depths of all periment markers and zones. Attach the Bond Muleer which the work will be performed or provide the Bond No, on file with BLMPIBA. Assessment and zones. Attach the Bond No, will be performed or provide the Bond No, on file with BLMPIBA. Assessment and zones. Attach the Bond No, will be performed or provide the Bond No, on file with BLMPIBA. Assessment and zones. Attach the Bond No, will be performed or provide the Bond No, on file with BLMPIBA. Assessment and zones. Attach the Bond No, will be performed or provide the Bond No, on file with BLMPIBA. Assessment and zones. Attach the Bond No, on file with BLMPIBA. Assessment and zones. Attach the involved operations. If the operation results is a merivatervia, a Form 3160-4 multiple completion or recompletion. In an eve intervia, a Form 3160-4 multiple completion or recompletion. In an eve intervia, a Form 3160-4 multiple completion or recompletion. In an eve intervia, a Form 3160-4 multiple completion or recompletion. In an eve intervia, a Form 3160-4 multiple completion or recompletion. In an eve intervia, a Form 3160-4 multiple completion or recompletion. The operation is a second or recompletion or recompletion or recompletion of recompletion or recompletion. The operation is a second or recompletion or recompletion or recompletion. The operation is a second or recompletion or recompletion or recompletion. The operation is a second or recompletion or recompletion or recompletion or recompletion or recompletion or recompletion orecompletion or recompletion or recompletion or recomp  | Final Abandonment Notice   Convert to Injection   Plug Back   Water. Disposal     13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approxima the proposal is to deepen directionally or recomplete horizontally, give substrates locations and measured and true vertical depths of all pertinent m Attach the Bond under which the work will be performed or provide the Bond No. on file with BLMMRIA. Required subsequent reports must be file following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and determined that the site is ready for final inspection.)     14. 1 hereby certify that the foregoing is true and correct. Name (Printed/T)pped)     Reesa Fisher     Signature   Title SPACE FOR FEDERAL OR STATE OFFICE USE  | NNUAL MP         |
| 14. Thereby certify that the foregoing is true and correct. Name (Printed/Typed)     14. Thereby certify that the foregoing is true and correct. Name (Printed/Typed)     Reesa Fisher     Signature   Conditions of Approval, if any, are attached. Approval of this notice does not warrant or certify     THIS SPACE FOR FEDERAL OR STATE OFFICE USE     Approved by   Title     Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify     Title the application bits lead of this notice does not warrant or certify     Title the application bits lead of this notice does not warrant or certify     Title application bits lead of this notice does not warrant or certify     Title application bits lead of this notice does not warrant or certify     Title application of the involved of this notice does not warrant or certify     Title application of approval, if any, are attached. Approval to the soluce tack have been any department or agency of the United States any feditions of approval, if any, are attached. Approval of this notice does not warrant or certify     Title application of approval, if any, are attached. The soluce tack have been to any department or agency of the United States any feditions of approval, if any, are attached. The soluce tack have been to any department or agency of the United States any feditions or Trandheim statements or representations as to any matter within its juridiction.  | 14. 1 hereby certify that the foregoing is true and correct. Name (Primed/Typed)     14. 1 hereby certify that the foregoing is true and correct. Name (Primed/Typed)     Reesa Fisher     Signature   Title SPACE FOR FEDERAL OR STATE OFFICE USE   |                  |
| Reesa Fisher   Title   Staff Reg Analyst     Signature   Date   03/31/2014     THIS SPACE FOR FEDERAL OR STATE OFFICE USE     Title     Approved by   Title     Conditions of approval, if any, are attached. Approval of this notice does not 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 operations thereon.   Office     Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any fictitious or fraudulent statements or representations as to any matter within its jurisdiction.  | Reesa Fisher Title Sr. Staff Reg Analyst   Signature Gelse Jicher Date 03/31/2014  |                  |
| Signature   Lister Jushen   Date   03/31/2014     THIS SPACE FOR FEDERAL OR STATE OFFICE USE     Approved by   Title   Date     Conditions of approval, if any, are attached. Approval of this notice does not 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 operations thereon.   Office     Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any fictitious or Traudulent statements or representations as to any matter within its jurisdiction.  | Signature Relse Jisher Date 03/31/2014<br>THIS SPACE FOR FEDERAL OR STATE OFFICE USE   |                  |
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|   | (Instructions on page 2)   |                  |

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Accepted for Record Only APR 07 2014

