| UNITED STATES DEPARTMENT OF THE INTERIOR HOB BUREAU OF LAND MANAGEMENT | | | | CD | FORM APPROVED OMB NO. 1004-0137 | | |
|--|---|--|--|--|---|--|--|
| BUREAU OF LAND MANAGEMENT | | | 5. Lease S NMLC | | 5. Lease Serial No. NMLC030556B | | |
| SUNDRY NOTICES AND REPORTS ON WELLS G 2 9 2017 Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals. | | | | | 6. If Indian, Allottee or Tribe Name | | |
| SUBMIT IN TRIPLICATE - Other instructions on page 2 | | | | | 7. If Unit or CA/Agree | ement, Name and/or No. | |
| Type of Well You Oil Well □ Gas Well □ Other | | | | | 8. Well Name and No. STEVENS B 017 | | |
| 2. Name of Operator APACHE CORPORATION APACHE CORPORATION E-Mail: Reesa.Fisher@apachecorp.com | | | | | 9. API Well No. 30-025-21921 | | |
| 3a. Address 3b. Phone No. (include area code) 303 VETERANS AIRPARK LANE SUITE 3000 Ph: 432-818-1062 MIDLAND, TX 79705 Ph: 432-818-1062 | | | | | 10. Field and Pool or Exploratory Area LANGLIE MATTIX;7R-QU-GB | | |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | | | | 11. County or Parish, State | | |
| Sec 7 T23S R37E SESE 660FSL 660FEL | | | | LEA COUNTY COUNTY, NM | | | |
| 12. CHECK THE AF | PPROPRIATE BOX(ES) | TO INDICA | TE NATURE O | F NOTICE | , REPORT, OR OTH | IER DATA | |
| TYPE OF SUBMISSION | TYPE OF ACTION | | | | | | |
| ☑ Notice of Intent | □ Acidize | Dee | pen | Produc | ction (Start/Resume) | □ Water Shut-Off | |
| | □ Alter Casing | | Hydraulic Fracturing | | nation | □ Well Integrity | |
| □ Subsequent Report | Casing Repair | Nev | v Construction | Recom | plete | □ Other | |
| □ Final Abandonment Notice | | | | | rarily Abandon | | |
| | Convert to Injection | Plug | Plug Back 🔲 Water Dispo | | Disposal | | |
| 13. Describe Proposed or Completed Op If the proposal is to deepen directiona Attach the Bond under which the wo following completion of the involved testing has been completed. Final At determined that the site is ready for final field. | ally or recomplete horizontally, g rk will be performed or provide t operations. If the operation rest bandonment Notices must be file | give subsurface he Bond No. or ults in a multipl | locations and measu n file with BLM/BIA e completion or reco | red and true v Required su mpletion in a | ertical depths of all pertir ibsequent reports must be new interval, a Form 316 | filed within 30 days 0-4 must be filed once | |
| Apache Corporation requests the Tansill and Yates formatio LNGL MTX PNRS B4 #11, an | ns. This zone has proven | productive i | o evaluate uphole n the offsets Stev | e potential i vens B #12 | | (in) | |
| TA would be performed, as fo | llows: | | | | Regi | uner | |
| Day 1: MIRU SU. POOH w/ro | ds (if applicable) laving do | wn. POOH | w/tubina. | | | λA | |
| Day 2: RU WL. RIH and set 0 CIBP. RIH and tag TOC. RD Perform MIT | CIBP @ 3,508? via wireline | . RIH and c | lump bail 35? of | cement on ited fluid. | top of 51 | Moval | |
| 14. I hereby certify that the foregoing is | Electronic Submission #3 | 85752 verifie E CORPORA | d by the BLM Wel TION, sent to the | l Informatio Hobbs | n System | | |
| Name (Printed/Typed) REESA FISHER | | | Title SR STAFF REGULATORY ANALYST | | | | |
| Signature (Electronic Submission) | | | Date 08/23/2017 | | | | |
| | THIS SPACE FO | R FEDERA | | OFFICE U | ISE | | |
| 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 States any false, fictitious or fraudulent | | | | willfully to m | ake to any department or | agency of the United | |
| (Instructions on page 2) ** OPERAT | OR-SUBMITTED ** OF | PERATOR- | SUBMITTED * | * OPERA | FOR-SUBMITTED | ** | |
| | | nted for P | | | | | |

Accepted for Record Only Wilbrown OCD 8/29/2017

Additional data for EC transaction #385752 that would not fit on the form

32. Additional remarks, continued

NOTE: Please contact BLM 48 hours prior to performing MIT test.



