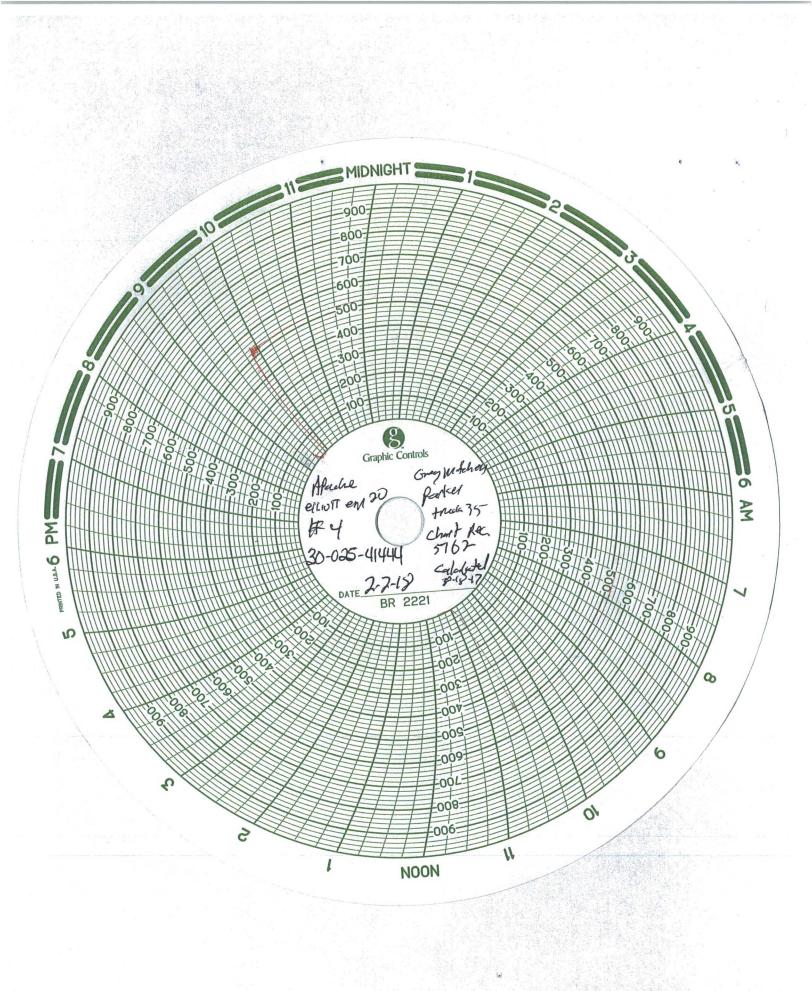
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | UNITED STATES<br>PARTMENT OF THE INTE<br>UREAU OF LAND MANAGEM                                                 |                                                                                                 |                                                 | FORM APPROVED<br>OMB NO. 1004-0137<br>Expires: January 31, 2018 |                      |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|----------------------|--|--|
| SUNDRY<br>Do not use thi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OCD                                                                                                            | <ol> <li>Lease Serial No.<br/>NMNM0557256</li> <li>If Indian, Allottee or Tribe Name</li> </ol> |                                                 |                                                                 |                      |  |  |
| abandoned we                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | UREAU OF LAND MANAGEM<br>NOTICES AND REPORTS<br>is form for proposals to drill<br>II. Use form 3160-3 (APD) fo | r such proposals.                                                                               | 2018                                            |                                                                 |                      |  |  |
| abandoned well. Use form 3160-3 (APD) for such properties.       0.11 Initial, Initial of the second |                                                                                                                |                                                                                                 |                                                 | ment, Name and/or No.                                           |                      |  |  |
| 1. Type of Well<br>☑ Oil Well □ Gas Well □ Oth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RECT                                                                                                           | EINE                                                                                            | 8. Well Name and No.<br>ELLIOTT EM 20 FEDERAL 4 |                                                                 |                      |  |  |
| 2. Name of Operator<br>APACHE CORPORATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Contact: REE<br>E-Mail: Reesa.Fisher@a                                                                         | SA FISHER                                                                                       |                                                 | 9. API Well No.<br>30-025-41444                                 |                      |  |  |
| 3a. Address       3b. Phone No. (include area co         303 VETERANS AIRPARK LANE SUITE 3000       Ph: 432-818-1062         MIDLAND, TX 79705       Ph: 432-818-1062                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                                 |                                                 | 10. Field and Pool or Exploratory Area<br>DRINKARD              |                      |  |  |
| 4. Location of Well       (Footage, Sec., T., R., M., or Survey Description)       11. County or Parish, State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                                                                                                 |                                                 | tate                                                            |                      |  |  |
| Sec 20 T22S R37E SENW 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10FNL 2310FWL                                                                                                  |                                                                                                 |                                                 | LEA COUNTY COUNTY, NM                                           |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                                                 |                                                 |                                                                 |                      |  |  |
| 12. CHECK THE AI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PPROPRIATE BOX(ES) TO I                                                                                        | NDICATE NATURE OF                                                                               | F NOTICE, I                                     | REPORT, OR OTH                                                  | ER DATA              |  |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                | TYPE OF                                                                                         | ACTION                                          |                                                                 |                      |  |  |
| Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | □ Acidize                                                                                                      | Deepen                                                                                          |                                                 | on (Start/Resume)                                               | U Water Shut-Off     |  |  |
| □ Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | □ Alter Casing                                                                                                 | □ Hydraulic Fracturing                                                                          | Reclamation                                     |                                                                 | □ Well Integrity     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Casing Repair                                                                                                  | □ New Construction                                                                              | Recompl                                         |                                                                 | □ Other              |  |  |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Change Plans Convert to Injection                                                                              | Plug and Abandon Plug Back                                                                      | Water Di                                        | rily Abandon<br>sposal                                          |                      |  |  |
| testing has been completed. Final Al<br>determined that the site is ready for f<br>Apache would like to receive<br>are waiting on BLM approval t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | inal inspection.                                                                                               | chart attached) for this we                                                                     |                                                 |                                                                 |                      |  |  |
| 14. I hereby certify that the foregoing is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Electronic Submission #40380                                                                                   | 07 verified by the BLM Well                                                                     | I Information                                   | System                                                          |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | For APACHE CO                                                                                                  | DRPORATION, sent to the                                                                         | Hobbs                                           |                                                                 |                      |  |  |
| Name (Printed/Typed) REESA F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ISHER                                                                                                          | Title SR STA                                                                                    | FF REGULA                                       | TORY ANALYST                                                    |                      |  |  |
| Signature (Electronic S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Submission)                                                                                                    | Date 02/08/20                                                                                   | 018                                             |                                                                 |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | THIS SPACE FOR F                                                                                               | EDERAL OR STATE                                                                                 | OFFICE US                                       | <b>E</b>                                                        |                      |  |  |
| Approved Du                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                | Title SI                                                                                        | DECT                                            |                                                                 | Date                 |  |  |
| Approved By<br>Conditions of approval, if any, are attache<br>certify that the applicant holds legal or equivalent which would entitle the applicant to condu-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | uitable title to those rights in the subje                                                                     | varrant or A                                                                                    | PPROVA                                          | L BY BLM                                                        | Date                 |  |  |
| Title 18 U.S.C. Section 1001 and Title 43<br>States any false, fictitious or fraudulent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | U.S.C. Section 1212, make it a crime                                                                           |                                                                                                 | willfully to mak                                | te to any department or a                                       | agency of the United |  |  |
| (Instructions on page 2) ** OPERAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FOR-SUBMITTED ** OPER                                                                                          | ATOR-SUBMITTED **                                                                               |                                                 | DR-SUBMITTED                                                    | **                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                                                                                                 |                                                 |                                                                 |                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Accented for                                                                                                   | Record Univ                                                                                     |                                                 |                                                                 |                      |  |  |

| cceptea | IOF F | record | Uniy |
|---------|-------|--------|------|
| MSB     |       |        | 2018 |



## **Fisher, Reesa**

| APACHE ELLIOTT EM 20 FEDERAL 004 (30-025-41444)<br>NOI to RC to Drinkard WIS_PRINT_SUBMITTED_339573.pdf; Elliott EM 20 Fed 4 TA Chart |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|                                                                                                                                       |  |  |  |  |
|                                                                                                                                       |  |  |  |  |

Hey, Mr. Maxey! I want to get your advice on a situation we have...

The subject well has hit our Inactive Well List. We submitted an NOI to RC to the BLM 12/28/2017 (copy attached) and I have been pleading with them for approval, but nothing. My field guys ran a passing chart, also attached. I have now also submitted a TA Renewal Sundry to the BLM, but will be waiting on it to get looked at, as well. If I mail the chart to you with the Sundry requesting a TA extension to hold us over until we receive approval for and perform the recomplete 7 and get it back on production, would you approve it?

We're between a rock and a hard place and I'm just trying to see if we have any options to get us out. If we have to leave it on the Inactive Well List indefinitely, then we'll just have to live with it.

Thanks so much for your help and input! – R 😊

## **REESA** FISHER

SR STAFF REGULATORY ANALYST New Mexico Assets *direct* 432-818-1062 6325C

## APACHE CORP.

303 Veterans Airpark Lane, Suite 1000 Midland, Texas 79705 U.S.A. - ApacheCorp.com