| BUR<br>SUNDRY N<br>Do not use this f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | UNITED STATE<br>ARTMENT OF THE I<br>EAU OF LAND MAN<br>OTICES AND REPC<br>form for proposals t<br>Use Form 3160-3 (A | NTERIOR<br>AGEMENT<br>PRTS ON WEL<br>o drill or to re | LS FEB<br>-enter an | 267                                                                                          | D<br>Ex<br>5. Lease Serial No.<br>MJ 90161<br>6. If Indian, Allottee or | ORM APPROVED<br>DMB No. 1004-0137<br>pires: October 31, 2014<br>Tribe Name |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------|
| SUBMIT IN TRIPLICATE – Other instructions on page 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                       |                     |                                                                                              | 7. If Unit of CA/Agreement, Name and/or No.                             |                                                                            |
| 1. Type of Well     Image: Constraint of the state of the stat |                                                                                                                      |                                                       |                     |                                                                                              | 8. Well Name and No.<br>Hawk B-1 #40<br>9. API Well No.                 | /                                                                          |
| 2. Name of Operator<br>Apache Corporation (873)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                       |                     |                                                                                              | 30-025-36533                                                            |                                                                            |
| 3a. Address<br>303 Veterans Airpark Lane, Suite 3000<br>Midland, TX 79705                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3b. Phone No. (include area code)<br>432/818-1062                                                                    |                                                       |                     | 10. Field and Pool or Exploratory Area<br>Penrose Skelly;Grayburg(50350)/Hare;SA East(96601) |                                                                         |                                                                            |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                      |                                                       |                     |                                                                                              | 11. County or Parish, S                                                 | tate                                                                       |
| 1310' FSL & 1280' FWL, Unit M Sec 9 T21S R37E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                       |                     |                                                                                              | Lea County, NM                                                          |                                                                            |
| 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      |                                                       |                     |                                                                                              |                                                                         |                                                                            |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TYPE OF ACTION                                                                                                       |                                                       |                     |                                                                                              |                                                                         |                                                                            |
| Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Acidize                                                                                                              | Deepen<br>Fracture T                                  | reat                | _                                                                                            | uction (Start/Resume)<br>mation                                         | Water Shut-Off Well Integrity                                              |
| Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Casing Repair                                                                                                        | New Cons                                              | -                   |                                                                                              | mplete<br>porarily Abandon                                              | Other SET CIBP                                                             |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Convert to Injection                                                                                                 | Plug Back                                             | -                   |                                                                                              | r Disposal                                                              |                                                                            |
| 13. Describe Proposed or Completed O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | peration: Clearly state all per                                                                                      |                                                       |                     |                                                                                              |                                                                         |                                                                            |

the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices 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 is working on this well and would like to set a CIBP at +/- 4100' to cap off the San Andres pay w/no cmt at this time.

| 14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)                                                                                                                                                                                                        |                          |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|--|--|
| Reesa Holland                                                                                                                                                                                                                                                                            | Title Sr. Staff Reg Tech |  |  |  |  |
| signature Rloba Holland                                                                                                                                                                                                                                                                  | Date 02/19/2013          |  |  |  |  |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE                                                                                                                                                                                                                                               |                          |  |  |  |  |
| Approved by<br>Conditions of approval, if any, are attached. Approval of this notice does not warrant or                                                                                                                                                                                 |                          |  |  |  |  |
| that the applicant holds legal or equitable title to those rights in the subject lease which w<br>entifie the applicant to conduct operations thereon.                                                                                                                                   | ould Office CFO          |  |  |  |  |
| Title 18 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 false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. |                          |  |  |  |  |
| (Instructions on page 2)                                                                                                                                                                                                                                                                 |                          |  |  |  |  |
|                                                                                                                                                                                                                                                                                          | APR 29 2013              |  |  |  |  |