

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: INJECTION		5. Lease Serial No. NMLC029426B
2. Name of Operator APACHE CORPORATION Contact: SORINA FLORES E-Mail: sorina.flores@apachecorp.com		6. If Indian, Allottee or Tribe Name
3a. Address 303 VETERANS AIRPARK LANE SUITE 3000 MIDLAND, TX 79705	3b. Phone No. (include area code) Ph: 432-818-1167	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 9 T17S R31E NENE 890FNL 625FEL 32.853792 N Lat, 103.867630 W Lon		8. Well Name and No. CROW FEDERAL SWD 1
		9. API Well No. 30-015-42469-00-X1
		10. Field and Pool, or Exploratory SALT WATER DISPOSAL (SWD)
		11. County or Parish, and State EDDY COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Change to Original A
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	PD

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

BLM-CO-1463 NATIONWIDE / NMB000736

Apache proposes to drill the Crow Federal SWD #1 (30-015-42469) with Pioneer #28 which will be using a small & large flex hose. Large flex hose approved on 8/6/14 with electronic submission sundry#254167. Certificate, chart & pressure test certificate for small flex hose are attached.

Spud approx 8/22/14

Operator did not supply additional info.  
Can not use 2" flex hose on  
5m system

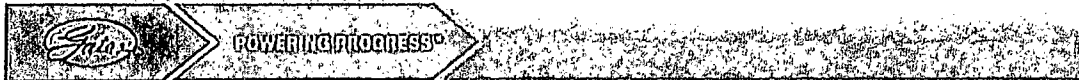
Accepted for record  
ed NMOC 10/8/14

NM OIL CONSERVATION  
ARTESIA DISTRICT  
OCT 03 2014

RECEIVED

**DENIED**

14. I hereby certify that the foregoing is true and correct. Electronic Submission #256943 verified by the BLM Well Information System For APACHE CORPORATION, sent to the Carlsbad Committed to AFMSS for processing by JENNIFER MASON on 08/14/2014 (14JAM0387SE)	
Name (Printed/Typed) SORINA FLORES	Title SUBMITTING CONTACT
Signature (Electronic Submission)	Date 08/13/2014
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved By	Title
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Date
	Office
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.	



Gates E&S I

CORPUS CHRISTI

PHONE : 1

FAX: 1

Tim. Ca

## CERTIFICATE OF CONFORMANCE

This is to verify that all Parts and/or Materials included in this shipment have been manufactured and/or processed in Conformance with applicable drawings and specifications, and that Records of Required Tests are on file and subject to examination. The following items were assembled at Gates E & S, Inc. (formerly Dutex, Inc.), facilities in Corpus Christi, TX, USA. This hose assembly was designed and manufactured to meet all the requirements of API Spec 7K.

CUSTOMER: AUSTIN DISTRIBUTING

CUSTOMER'S P.O. #: 4052945

PART DESCRIPTION: 2 in. X 16 ft. MEGASHIELD W/32GSM-32FHU X 32GSM-32MHUWN

SALES ORDER #: 202311

QUANTITY: 1

SERIAL #: 14961

SIGNATURE: \_\_\_\_\_

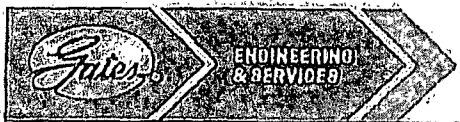
TITLE: \_\_\_\_\_

QUALITY \_\_\_\_\_

DATE: \_\_\_\_\_

7/24/2014





GATES E & S NORTH AMERICA, INC  
DU-TEX  
135 44TH STREET  
CORPUS CHRISTI, TEXAS 78405

PHONE: 361-887-9807  
FAX: 361-887-0812  
EMAIL: crpe&s@gates.com  
WEB: www.gates.com

## PRESSURE TEST CERTIFICATE

Customer :	AUSTIN DISTRIBUTING	Test Date :	7/24/2014
Customer Ref. :	1052915	Certificate No. :	14961
Invoice No. :	202311	Created By :	NORMA MATA

Product Description:	2 in. X 16 ft. MEGASHIELD W/32GSM-32FHU X 32GSM-32MHUWN		
End Fitting 1 :	32GSM-32 FHU	End Fitting 2 :	32GSM-32 MHUWN
Serial No. :	14961	Test Pressure :	7,500 PSI

Gates E & S North America, Inc certifies that the above hose assembly has been tested to the Standard Requirement of a 7,500 PSI Assembly and passed the hydrostatic test.

Quality Manager :  
Date :  
Signature :

QUALITY
7/24/2014

Technical Supervisor :  
Date :  
Signature :

PRODUCTION
7/24/2014