Form 3160-5 (June 2015)

## UNITED STATES DEPARTMENT OF THE INTERIOR CAPSO AND STATES BUREAU OF LAND MANAGEMENT STATES Expires: Ja STATES Lease Serial No. NO. 10029395A

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter and

SUNDRY N Do not use this abandoned well	NOTICES AND REPORTS OF s form for proposals to drill or t l. Use form 3160-3 (APD) for su	to re-enter an CD such proposals.			
SUBMIT IN T	7. If Unit or CA/Agree	7. If Unit or CA/Agreement, Name and/or No.			
1. Type of Well  ☑ Oil Well ☐ Gas Well ☐ Other				TONY FEDERAL 48	
2. Name of Operator Contact: FATIMA VASQUEZ APACHE CORPORATION E-Mail: fvasquez@cimarex.com				30-015-41989-00-S1	
3a. Address 303 VETERANS AIRPARK LA MIDLAND, TX 79705	one No. (include area code) 32-620-1933	10. Field and Pool or I CEDAR LAKE	Field and Pool or Exploratory Area     CEDAR LAKE		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, State	
Sec 18 T17S R31E NWSW 16 32.831636 N Lat, 103.913693	EDDY COUNTY	EDDY COUNTY, NM			
12. CHECK THE AF	PPROPRIATE BOX(ES) TO INI	DICATE NATURE OF	NOTICE, REPORT, OR OTH	HER DATA	
TYPE OF SUBMISSION	E OF SUBMISSION TYPE OF ACTION				
Notice of Intent	☐ Acidize ☐	Deepen	☐ Production (Start/Resume)	☐ Water Shut-Off	
□ Notice of Intent	☐ Alter Casing ☐	Hydraulic Fracturing	☐ Reclamation	☐ Well Integrity	
Subsequent Report	☐ Casing Repair	New Construction	☐ Recomplete	☑ Other Production Start-up	
☐ Final Abandonment Notice	☐ Change Plans	Plug and Abandon	☐ Temporarily Abandon	Trouble a series	
13. Describe Proposed or Completed Op		Plug Back	☐ Water Disposal		
Apache would like to amend to Completion and Production D	he completion date as it was inactive as inactive as inactive ate 06/05/2014		5-24-18 for record - NMOCD		
14. I hereby certify that the foregoing i	s true and correct.	walfied by the RIM We	II Information System		
	Electronic Submission #305063 For APACHE CORP	ORATION, sent to the	Carispad		
Committed to AFMSS for processing by DEBOF			ATORY ANALYST		
Name (Printed/Typed) FATIMA	VASQUEZ	Title REGUL	ATORT ANALTOT		
Signature (Electronic Submission) Date 06/16/2015 /s/ Jonathon Shepard					
	THIS SPACE FOR FE	DERAL OR STATE	OFFICE USE RECORD		
Approved By		Title		Date	
Conditions of approval, if any, are attach certify that the applicant holds legal or ed which would entitle the applicant to conditions.	Office	MAY 1 / 2018	ca whi		
Title 18 U.S.C. Section 1001 and Title 4. States any false, fictitious or fraudulen	3 U.S.C. Section 1212, make it a crime for t statements or representations as to any i	or any person knowingly and matter within its jurisdiction	Willfully to make to any department RLSBAD FIELD OFFICE	or agency of the United	
(Instructions on page 2) ** BLM REV	VISED ** BLM REVISED ** B	LM REVISED ** BLI	M REVISED ** BLM REVIS	ED **	