

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM0557371
2. Name of Operator APACHE CORPORATION		6. If Indian, Allottee or Tribe Name
3a. Address 303 Veterans Airpark Ln, Ste. 3000 Midland, Texas 79705		7. If Unit of CA / Agreement, Name and/or No.
3b. Phone No. (include area code) 432-208-0349		8. Well Name and No. Empire Abo Unit "K" #184
4. Location of (Footage, Sec., T, R., or Survey Description) 2290' FSL & 2445' FWL, Unit K, Sec 1, T18S, R27E		9. API Well No. 30-015-22559
		10. Field and Pool, or Exploratory Area Empire Abo
		11. County or Parish, 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 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 checked="" 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 type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 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 the BLM / BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in multiple completion or recompletion 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.)

APD 2/16/15
ACCEPTED FOR RECORD
NM/OCD

A Dry Hole Marker was installed according to BLM provisions; the caliche on the location has been pushed to two sides, 3 ft. of underlying topsoil was pushed to two opposite sides, caliche was pushed into excavated area, 3' of excavated topsoil was pushed into excavated area covering the caliche and contoured to grade; the road to the location was flipped and buried in the same manner; a 2-3' berm was constructed to block access after reseeding; 2-3' of topsoil was used to cover the oil pit area on the location; reseeding of the location, covered pit area, and road in accordance with BLM approved methods and grass mixes; BLM is being notified that this well is ready for inspection.

NM OIL CONSERVATION
ARTESIA DISTRICT

JAN 20 2015

14. I hereby certify that the following is true and correct	
Name Leon Sellers	Title
Signature <i>Leon Sellers</i>	Date 8/21/13

RECEIVED
ACCEPTED FOR RECORD
8/21/13

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title	JAN 10 2015
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	<i>[Signature]</i> BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE