

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2014

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.

5. Lease Serial No.
State

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

7. If Unit of CA/Agreement, Name and/or No.
8910138010

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
Empire Abo Unit D 40

2. Name of Operator
Apache Corporation (873)

9. API Well No.
30-015-01555

3a. Address
303 Veterans Airpark Lane, Suite 1000
Midland, TX 79705

3b. Phone No. (include area code)
432/818-1142

10. Field and Pool or Exploratory Area
Empire; Abo (22040)

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 26 T17S R28E

11. County or Parish, State
Eddy County, NM

12. CHECK THE 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 Flaring
	<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 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 requesting an extension to flare gas from the Empire Abo Unit D-40 Federal Battery effective 12/01/2015 - 02/29/2016. A combined total of approximately 500 mcf per day will be flared from the wells listed below. Gas will be measured prior to flaring.

- 30-015-01534 EMPIRE ABO UNIT #42
- 30-015-01538 EMPIRE ABO UNIT #43
- 30-015-01551 EMPIRE ABO UNIT #37
- 30-015-01554 EMPIRE ABO UNIT #39A
- 30-015-01556 EMPIRE ABO UNIT #40A
- 30-015-01736 EMPIRE ABO UNIT #38B
- 30-015-03193 EMPIRE ABO UNIT #47
- 30-015-21822 EMPIRE ABO UNIT #382
- 30-015-22203 EMPIRE ABO UNIT #372
- 30-015-22772 EMPIRE ABO UNIT #375
- 30-015-22786 EMPIRE ABO UNIT #376
- 30-015-22805 EMPIRE ABO UNIT #373
- 30-015-22819 EMPIRE ABO UNIT #393
- 30-015-22911 EMPIRE ABO UNIT #391A
- 30-015-01536 EMPIRE ABO UNIT #41A
- 30-015-01550 EMPIRE ABO UNIT #38
- 30-015-01552 EMPIRE ABO UNIT #39
- 30-015-01555 EMPIRE ABO UNIT #40
- 30-015-01557 EMPIRE ABO UNIT #37A
- 30-015-03192 EMPIRE ABO UNIT #48
- 30-015-03194 EMPIRE ABO UNIT #46A
- 30-015-21826 EMPIRE ABO UNIT #391
- 30-015-22766 EMPIRE ABO UNIT #384
- 30-015-22776 EMPIRE ABO UNIT #382
- 30-015-22804 EMPIRE ABO UNIT #363
- 30-015-22806 EMPIRE ABO UNIT #383A
- 30-015-22843 EMPIRE ABO UNIT #395
- 30-015-39012 EMPIRE ABO UNIT #420

NM OIL CONSERVATION
ARTESIA DISTRICT

NOV 09 2015

RECEIVED
Accepted for record
NMOCB

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Isabel Hudson

Title Reg Analyst

Signature *Isabel Hudson*

Date 11/04/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____ Title _____ Date _____

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 _____

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.