Form 3160-5 UNITED STATES (March 2012) DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT				FORM APPROVED OMB No. 1004-0137 Expires: October 31, 2014 5. Lease Serial No.		
Do not	UNDRY NOTICES AND RE use this form for proposal ped well. Use Form 3160-3	PORTS ON WELL s to drill or to re-e	nter an	5. Lease Seriar No. State 6. If Indian, Allottee or Tribe Name		
	SUBMIT IN TRIPLICATE - Of	her instructions on page	2.	7. If Unit of CA/Agreement, Name and/or No. 8910138010		
1. Type of Well	Gas Well Other			8. Well Name and No. Empire Abo Unit D 40		
2. Name of Operator Apache Corporation (8	373)			9. API Well No. 30-015-01555		
3a. Address 3b. Phone 303 Veterans Airpark Lene, Suite 1000 432/818- Midland, TX 79705 432/818-			le area code)	10. Field and Pool or Exploratory Area Empire; Abo (22040)		
4. Location of Well <i>(Foo</i> See 26 T17S R28E	tage, Sec., T.,R.,M., or Survey Descript	ion)		11. County or Parish, State Eddy County, NM		
	12. CHECK THE APPROPRIATE	BOX(ES) TO INDICATE	NATURE OF NOT	LICE, REPORT OR OTHI	ER DATA	
TYPE OF SUBM	SSION		TYPE OF A	CTION		
Votice of Intent	Acidize Alter Casing Casing Repair	Deepen Fracture Tres	at 🔲 Re	oduction (Start/Resume) colamation	Water Shut-Off Well Integrity Other Flaring	
Final Abandonmen	Notice	Plug and Ab		mporarily Abandon		
approximately 500 mcf 30-015-01534 EMPIRE 30-015-01538 EMPIRE 30-015-01554 EMPIRE 30-015-01556 EMPIRE 30-015-01556 EMPIRE 30-015-01736 EMPIRE 30-015-21822 EMPIRE 30-015-22203 EMPIRE 30-015-22772 EMPIRE 30-015-22786 EMPIRE 30-015-22805 EMPIRE 30-015-22819 EMPIRE 30-015-22911 EMPIRE	ABO UNIT #43 30-015-0155 ABO UNIT #37 30-015-0155 ABO UNIT #39A 30-015-0155 ABO UNIT #39A 30-015-0155 ABO UNIT #40A 30-015-0155 ABO UNIT #40A 30-015-0155 ABO UNIT #38B 30-015-0319 ABO UNIT #372 30-015-2182 ABO UNIT #375 30-015-2276 ABO UNIT #376 30-015-2277 ABO UNIT #376 30-015-2280 ABO UNIT #373 30-015-2280 ABO UNIT #393 30-015-2284	isted below. Gas will b EMPIRE ABO UNIT # EMPIRE ABO UNIT #	e measured prior 1 41A 38 39 40 37A 48 46A 391 384 384 382 363 383A 383A	NM OIL CO ARTES NOV RE	DNSERVATION IA DISTRICT 0 9 2015 CEIVED //to//5	
4. I hereby certify that the	foregoing is true and correct. Name (Pri	inted/Typed)		NM	OCD	
Isabel Hudson			Reg Analyst	_ ·		
Signature Sa	hel Ausson	Date	11/04/2015			
~	THIS SPAC	E FOR FEDERAL	OR STATE O	FFICE USE		
Approved by				,		
	ny, are attached. Approval of this notice of l or equitable title to those rights in the su uct operations thereon.	loes not warrant or certify	FitleOffice	lɪ	Date	
fictitious or fraudulent state	1 and Title 43 U.S.C. Section 1212, make ments or representations as to any matter		owingly and willfully	y to make to any department	t or agency of the United States any false,	
Instructions on page 2)			_			