

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD
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 checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC029435B
2. Name of Operator APACHE CORPORATION Contact: EMILY FOLLIS E-Mail: Emily.Follis@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: 432-818-1801	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 SWNW 1672FNL 85FEL 32.851503 N Lat, 103.882758 W Lon		8. Well Name and No. NFE FEDERAL 58H
		9. API Well No. 30-015-43088-00-X1
		10. Field and Pool, or Exploratory CEDAR LAKE
		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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Alter Casing
	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input checked="" type="checkbox"/> Other Production Start-up

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 shall 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 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.)

APACHE COMPLETED THE WORK AS FOLLOWS:

FIRST FLOW - 11/09/15

PLEASE SEE ATTACHED FIRST FLOW INFORMATION

APACHE EMAILED DEBRA HAM & DINAH NEGRETE WITH THE FIRST FLOW INFORMATION ON 11/09/15 AND MAILED COPIES TO THE OCD 11/09/15

SUNDRY & COMPLETION FORMS ARE BEING PROCESSED

UD 11/20/15
Accepted for record
NMOCD

NM OIL CONSERVATION
ARTESIA DISTRICT

NOV 18 2015

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #323245 verified by the BLM Well Information System
For APACHE CORPORATION, sent to the Carlsbad
Committed to AFMSS for processing by JENNIFER SANCHEZ on 11/12/2015 (16JAS1087SE)**

Name (Printed/Typed) EMILY FOLLIS	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 11/11/2015

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.	
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.

RECEIVED
ACCEPTED FOR RECORD
NOV 18 2015
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE



PERMIAN REGION

OPERATED NEW WELL DATA FORM

Basic Well Data:

District Eunice

Well Name NFE 58H State NM County Eddy

Operator Apache Corporation Sales Type _____

Location Cedar Lake Pumper: Doug Davis

Property Number _____ API #: _____

AFE Number _____

Apache W. I. _____ N.R.I. _____

Does Flow Constitute Initial Production From Well: Yes

Production Data:

First Flow Date 11/9/2015 Time Online: 4:30pm

Oil/Cond. (BOPD) 0 Water (BPD) 1650

Gas (8/8th) MCF/D 0 FTP/SICP (psig) 401/18

Prod Method (Flow/Pump) Pump Formation _____

Allocation Method:

Allocate by Well Test Oil _____ Gas _____ Meter Separately Oil _____ Gas _____

1650

Pipeline & Purchaser Data:

Mcf Flared _____ 0

Gas Gatherer Frontier Meter # 6,165,024

Oil Gatherer Holly Common Tank Battery Yes

Water Transfer/Truck Transfer Name Disposal Loco Hills Disposal

System Name _____ If Common Battery, Name of Battery Crow Mega Battery

New Equipment:

Number of Tanks & Size _____ Treater: _____

Additional: _____

Separator: Size & BTU Size: _____ BTU: _____ Additional: _____

Marketing Info:

Gathering Fee _____ Sys. Fuel _____ Comp Fuel _____ Comp Fee _____

Gas Purchaser _____ Oil Purchaser _____

Processed _____ NGL's to Apache _____

Comments: _____

Prepared By: Doug Davis Phone: (575)441- 8525 Date: 11/10/2015