- PVATION							
Form 3160-5 (Jun 2015) DE	5) UNITED STATES NM OIL OUTSTRICT				FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018		
SUNDRY NOTICES AND REPORTS ON WELLS					5. Lease Serial No. NMLC028775B		
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals RECEIVED					6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit or CA/Agreement, Name and/or No.		
<ul> <li>I. Type of Well</li> <li>Gas Well</li> <li>Other</li> </ul>					8. Well Name and No. BARNSDALL FEDERAL 1		
2. Name of Operator Contact: EMILY FOLLIS APACHE CORPORATION E-Mail: Emily.Follis@apachecorp.com					9. API Well No. 30-015-29146-00-S1		
3a. Address3b. Phone No. (include area code)303 VETERANS AIRPARK LANE SUITE 3000Ph: 432-818-1801MIDLAND, TX 79705Ph: 432-818-1801					10. Field and Pool or Exploratory Area E EMPIRE		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, State		
Sec 27 T17S R29E NWNE 330FNL 1650FEL					EDDY COUNTY, NM		
12. CHECK THE AI	PPROPRIATE BOX(ES)	TO INDICA	TE NATURE OI	F NOTICE	, REPORT, OR OTI	HER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
□ Notice of Intent	□ Acidize	🗖 Dee	leepen 🖸 Pro		tion (Start/Resume)	□ Water Shut-Off	
□ Alter Casing		🗖 Hyd	Hydraulic Fracturing		nation	Well Integrity	
🛛 Subsequent Report	Casing Repair	🗖 Nev	v Construction	□ Recomplete		Other	
Final Abandonment Notice	ce Change Plans Plug a		g and Abandon Back	☑ Temporarily Abandon □ Water Disposal			
following completion of the involved testing has been completed. Final Al determined that the site is ready for f APACHE TA'd THIS WELL AS 09/03/16 SET TBG & RODS O (TOC @ 3936'), RD WL, SI, S 09/13/16 RU PUMP TRK & CI CHART, WELL IS TA'D By $3 \cdot 20 - 17$ e: H Per approved 3 - 20 - 17 14. 1 hereby certify that the foregoing is Comm	andonment Notices must be file inal inspection. S, FOLLOWS: DN SIDE OF LOC, RU RE DFWE HART RECORDER, RUN Lec control pro Fund ging pro	d only after all NEGADE W MIT W/BLM مت د ا ( 20 د م مد ( 251679 verifie	requirements, includ L, SPOT 4 SACK WITNESS, RD F LO Dro C due d by the BLM Wel ON, sent to the C	S CMT/32 PUMP TRK Luct APPR ENDII	n System	and the operator has <b>record</b> <b>pt</b> 12/22/14 @ 3968' CHED Plan 7 MONTH PERIOD	
Name (Printed/Typed) EMILY FOLLIS			Title REGUL	ATORY AN	IALYST		
Signature (Electronic S	Date 09/19/2016						
	THIS SPACE FO				ISE		
_Approved By (BLM Approver Not Specified)			Title SA	ST /	EPS	Date 12/20/2016	
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 Carlsbad							
Title 1841.5 C. Section 1001 and Title 43 States any false, fictitious or fraudulent				willfully to m	ake to any department or	agency of the United	
(Instructions on page 2) <b>** BLM REV</b>	ISED ** BLM REVISED	** BLM R	EVISED ** BLM		D ** BLM REVISE	D **	

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