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			HOBBS OCD OCT 02 2014	r .		
Form 3160- 5	UNITED STA	TES			FORM APPROVE	D
(August, 2007)	DEPARTMENT OF TH	IE INTERIOR	RECEIVED	1	OMB No. 1004-01	37
	BUREAU OF LAND M	ANAGEMENT	RECEIVE	Expires: July 31, 2010		
				5. Lease Serial 1		
	DRY NOTICES AND RE				NMLC032096	ЪВ
	ot use this form for proposals			6. If Indian, Allo	ottee, or Tribe Name	
abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other Instructions on page 2.				7. If Unit or CA	. Agreement Name ar	ıd/or No.
1. Type of Well				EBDU		
Cil Well Gas Well Other				8. Well Name and No.		
2. Name of Operator				East Blinebry Drinkard Unit #016		
Apache Corporation		·		9. API Well No.		/
3a. Address 303 Veterans Airpark Lane Suite 1000			one No. <i>(include area code)</i>		30-025-0652	6
Midland TX 79705	432/8	8-1062	10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T., R., M		Lat.		Eunice; B-T-D, North (22900)		
220' ENIL & 480' EEL UL A Soo 1			11. County or Parish, State			
330' FNL & 480' FEL UL A Sec 1	1 1218 K3/E	•	Long.	Lea Co	ounty	NM
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE	OF NOTICE, REPOI	RT, OR OTHER DA	TA ·		,
TYPE OF SUBMISSION TYPE OF ACTION						
X Notice of Intent	Acidize	Deepen	Production (Star	t/Resume)	Water Shut-	off
				u reosunoj		
	Altering Casing	Fracture Treat	Reclamation		Well Integri	ty
Subsequent Report	Casing Repair	New Construction	Recomplete		Other	
	Change Plans	Plug and abandon	X Temporarily Aba	sbandon		
Final Abandonment Notice	Convert to Injection	Plug back	Water Disposal			
Accep	Abandonment Notice shall be filed inspection.) sion to TA this wellbore. with the offset EBDU #01 ction equipment from the c). We will notify the BLM	After a recent w 8W injection wel well and set the for an MIT. convert EBDU #(LY. All Federa	nents, including reclam orkover to add B l and went to 100 e CIBP at 5691' ar 016 to injection a	antion, have b linebry I-II 0% water. nd pump 2	pay, this well At this time, 5 sx of cemer	t the operator has we would it on top (or
14. I hereby certify that the foregoing is true Name (<i>Printed/ Typed</i>)	and correct.	Title:				<u> </u>
Reesa Fisher		Sr S	taff Regulatory Ar	nalyst		<u>_</u>
Signature: Reesa Lisher			/14			
	THIS SPACE FOR	R FEDERAL OR ST	ATE OFFICE USE	Ξ		
Approved by:		Title:		r	Date:	
Conditions of approval, if any are attached certify that the applicant holds legal or e		ot warrant or	<u> </u>	ka I		
which would entitle the appl	icant to conduct operation	s thereon.	I monting to a state of the	[]	y domostaration	analt of the Units
Title 18 U.S.C. Section 1001 AND Title States any false, fictitiousor fraudulent statemet			n knowingiy and willful	ny to make an	y department or ag	ency of the Onlied
(Instructions on page 2)				, <u>, , , , , , , , , , , , , , , ,</u>		



