

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

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 type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: <b>5WD UNKNOWN OTH</b>		5. Lease Serial No. NMLC032573B
2. Name of Operator APACHE CORPORATION <input checked="" type="checkbox"/> Contact: REESA FISHER E-Mail: Reesa.Fisher@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: 432-818-1062	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 6 T22S R37E SESE 330FSL 330FEL <input checked="" type="checkbox"/>		8. Well Name and No. ELLIOTT B 9 <input checked="" type="checkbox"/>
10. Field and Pool, or Exploratory SWD; SAN ANDRES (96121)		9. API Well No. 30-025-37042 <input checked="" type="checkbox"/>
11. County or Parish, and State LEA COUNTY COUNTY, NM		11. County or Parish, and State

HOBBS OCD

APR 18 2016

RECEIVED

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 type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" 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 checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<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 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 performed the following:

- 1/08/2015 MIRU Slick Line Unit; Test 4-1/2" csg - went on vaccum each time. RTS, will RU
- 1/12/2015
- 1/12/2015 MIRUSU - csg parted
- 1/13/2015 Fish 7" Lockset pkr - attempt to latch onto pkr; wouldn't latch.
- 1/14/2015 Fish 7" Lockset pkr - use grapple to release pkr.
- 1/15/2015 POOH w/pkr, RIH w/bit & tag fill @ 5001'. (TD 5050')
- 1/16/2015 Test csg; test good; circ well.
- 1/19-20/2015 WO packer
- 1/21/2015 RIH & set pkr @ 4315; tested good.
- 1/22/2015 RIH w/tbg to 4308' (4-1/2" 11.6# J-55 Fiber Lined)

**SUBJECT TO LIKE APPROVAL BY STATE**

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

**Electronic Submission #293189 verified by the BLM Well Information System  
For APACHE CORPORATION, sent to the Hobbs  
Committed to AFMSS for processing by LINDA JIMENEZ on 05/04/2015 ()**

Name (Printed/Typed) REESA FISHER	Title SR STAFF REGULATORY ANALYST
Signature (Electronic Submission)	Date 02/26/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

**ACCEPTED FOR RECORD**

APR 1 2015 Date

*[Signature]*

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

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.

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*  
FOR RECORD ONLY**

*BS 5-11-16*

MAY 12 2016

*[Handwritten mark]*