

OCD Hobbs

Form 3160-5
(June 2015)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires January 31, 2018

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.

HOBBES OCD
RECEIVED
APR 17 2017

SUBMIT IN TRIPLICATE - Other instructions on page 2

<p>1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTION</p>	<p>5. Lease Serial No. NMLC031741A</p>
<p>2. Name of Operator APACHE CORPORATION</p>	<p>6. If Indian, Allottee or Tribe Name</p>
<p>3a. Address 303 VETERANS AIRPARK LANE SUITE 3000 MIDLAND, TX 79705</p>	<p>7. If Unit or CA/Agreement, Name and/or No NMNM120042X</p>
<p>3b. Phone No. (include area code) Ph: 432-818-1062</p>	<p>8. Well Name and No WEST BLINEBRY DRINKARD UNIT 23</p>
<p>4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 9 T21S R37E NWNW 660FNL 660FWL</p>	<p>9. API Well No 30-025-21225</p>
<p>10. Field and Pool or Exploratory Area EUNICE; B-T-D, NORTH</p>	<p>11. County or Parish, State LEA COUNTY COUNTY, NM</p>

12. CHECK THE 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 checked="" type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Acidize <input type="checkbox"/> Alter Casing <input type="checkbox"/> Casing Repair <input type="checkbox"/> Change Plans <input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Deepen <input type="checkbox"/> Hydraulic Fracturing <input type="checkbox"/> New Construction <input type="checkbox"/> Plug and Abandon <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 checked="" type="checkbox"/> Well Integrity <input type="checkbox"/> Other

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 must 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 must be filed once testing has been completed. Final Abandonment Notices must 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 had to re-test this well after changing out bad valves. Proceeding with the test on 10/20/2016 without witness was approved by George Bower with the OCD.

Accept for Record

<p>14. I hereby certify that the foregoing is true and correct Electronic Submission #359806 verified by the BLM Well Information System For APACHE CORPORATION, sent to the Hobbs</p>	
<p>Name (Printed/Typed) REESA FISHER</p>	<p>Title SR STAFF REGULATORY ANALYST</p>
<p>Signature (Electronic Submission)</p>	<p>Date 12/05/2016</p>

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

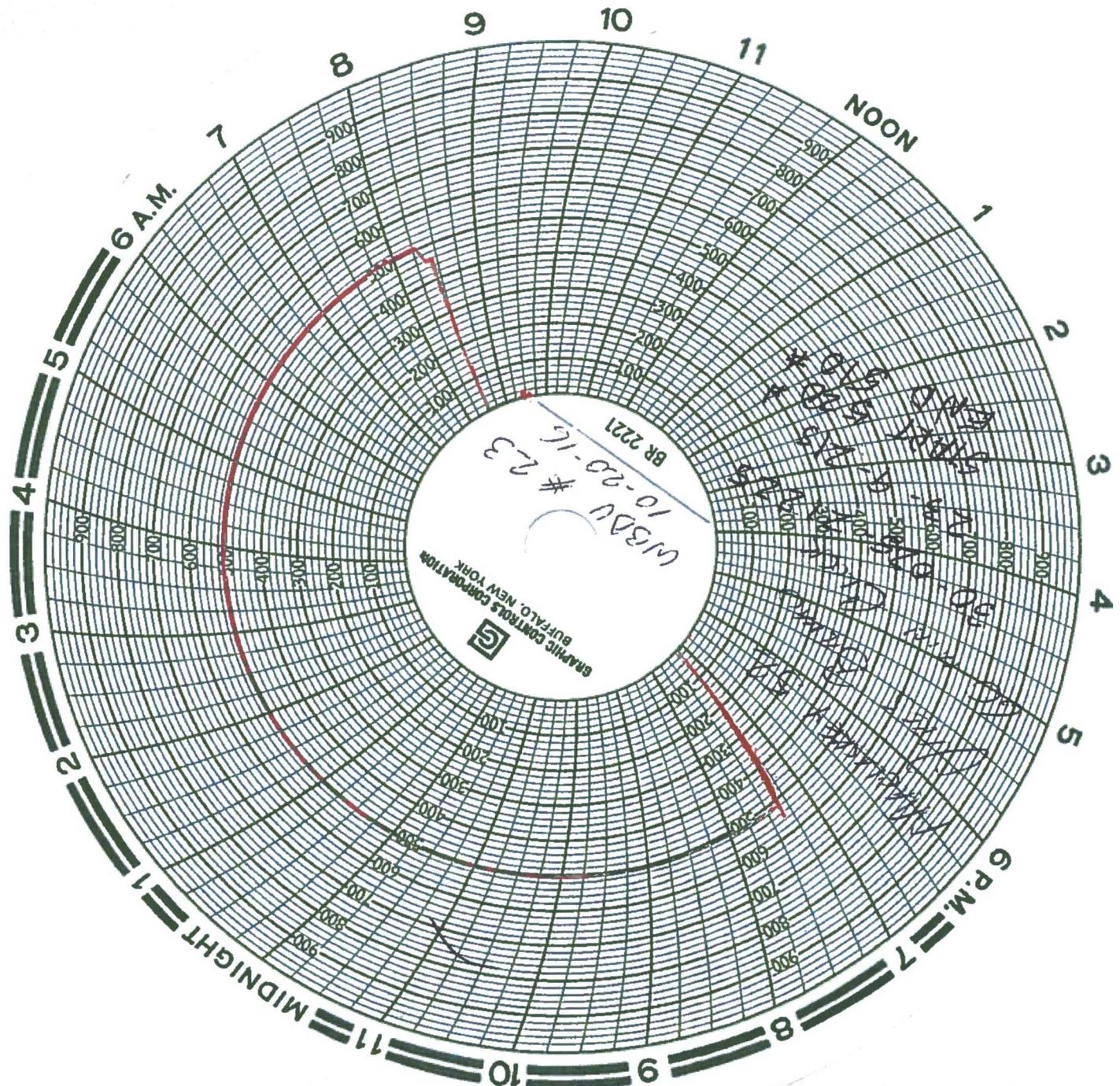
<p>Approved By </p>	<p>Title TPET</p>	<p>Date 04/10/17</p>
<p>Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.</p>		
<p>Office CFO</p>		

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.

(Instructions on page 2)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

RDMS-CHART-✓
Accepted for Record Only
MAB/OCD 4/18/2017



NOON

6 A.M.

6 P.M.

MIDNIGHT

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