

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires January 31, 2004

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. NMNM-90161
2. Name of Operator APACHE CORPORATION		6. If Indian, Allottee or Tribe Name
3a. Address 6120 S YALE, STE. 1500, TULSA, OK 74136	3b. Phone No. (include area code) 918-491-4980	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) AT SURFACE 1330' FNL & 1495' FWL, UNIT F (SE1/4NW1/4) AT PROPOSED PROD. ZONE 1330' FNL & 1495' FWL, UNIT F (SE1/4NW1/4)		8. Well Name and No. HAWK B-1 # 43
		9. API Well No. PENDING
		10. Field and Pool, or Exploratory Area HARE; SAN ANDRES, EAST (96601)
		11. County or Parish, State LEA CO. NEW MEXICO

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input checked="" 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.)

THIS WAS ORIGINALLY SUBMITTED TO THE BLM AND APPROVED 7/11/2006. WE WILL NO LONGER BE UTILIZING A CLOSED LOOP SYSTEM. WE WILL HAVE A LINED PIT, SYNTHETIC 20 MIL LINER, PIT VOLUME 7000 BBL.

I ALSO NOTICED ON THE FIRST PAGE OF THE BLM PERMIT, IT HAS TD LISTED @ 4350', WHICH IS INCORRECT. THE CORRECT TD IS 4400' WHICH IS LISTED THROUGHOUT THE REST OF THE PERMIT INFORMATION.

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) LANA WILLIAMS		Title ENGINEERING TECH
Signature <i>Lana L. Williams</i>		Date 11/20/2006

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title	Date
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.

(Instructions on reverse)

GWW

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-144
June 1, 2004

For drilling and production facilities, submit to
appropriate NMOCD District Office.
For downstream facilities, submit to Santa Fe
office

Pit or Below-Grade Tank Registration or Closure

Is pit or below-grade tank covered by a "general plan"? Yes ☐ No ☒

Type of action: Registration of a pit or below-grade tank ☒ Closure of a pit or below-grade tank ☐

Operator: <u>Apache Corporation (0873)</u> Telephone: <u>(918)-491-4801</u> e-mail address: <u>terry.gilbert@apachecorp.com</u>		
Address: <u>6120 S. Yale Ave., #1500, Tulsa, OK 74136</u>		
Facility or well name: <u>Hawk B-1 #43</u>	API #: <u>30-025-39173</u>	U/L or Qtr/Qtr <u>F</u> Sec <u>9</u> T <u>21S</u> R <u>37E</u>
County: <u>Lea</u>	Latitude <u>32° 29' 48.90" N</u>	Longitude <u>103° 10' 16.54" W</u> NAD: 1927 <input checked="" type="checkbox"/> 1983 <input type="checkbox"/>
Surface Owner: Federal <input type="checkbox"/> State <input type="checkbox"/> Private <input checked="" type="checkbox"/> Indian <input type="checkbox"/>		
Pit		
Type: Drilling <input checked="" type="checkbox"/> Production <input type="checkbox"/> Disposal <input type="checkbox"/> Workover <input type="checkbox"/> Emergency <input type="checkbox"/>		
Lined <input type="checkbox"/> Unlined <input type="checkbox"/>		
Liner type: Synthetic <input checked="" type="checkbox"/> Thickness <u>20</u> mil Clay <input type="checkbox"/>		
Pit Volume <u>7000</u> bbl		
Below-grade tank		
Volume: _____ bbl Type of fluid: _____		
Construction material: _____		
Double-walled, with leak detection? Yes <input type="checkbox"/> If not, explain why not.		
Depth to ground water (vertical distance from bottom of pit to seasonal high water elevation of ground water.)	Less than 50 feet <u>50 feet or more, but less than 100 feet</u> 100 feet or more	(20 points) (10 points) (0 points)
Wellhead protection area: (Less than 200 feet from a private domestic water source, or less than 1000 feet from all other water sources.)	Yes <u>No</u>	(20 points) (0 points)
Distance to surface water: (horizontal distance to all wetlands, playas, irrigation canals, ditches, and perennial and ephemeral watercourses.)	Less than 200 feet 200 feet or more, but less than 1000 feet <u>1000 feet or more</u>	(20 points) (10 points) (0 points)
Ranking Score (Total Points)		10 points

If this is a pit closure: (1) Attach a diagram of the facility showing the pit's relationship to other equipment and tanks. (2) Indicate disposal location: (check the onsite box if you are burying in place) onsite ☐ offsite ☐ If offsite, name of facility: _____. (3) Attach a general description of remedial action taken including remediation start date and end date. (4) Groundwater encountered: No ☐ Yes ☐ If yes, show depth below ground surface _____ ft. and attach sample results. (5) Attach soil sample results and a diagram of sample locations and excavations.

Additional Comments: ~~UTILIZING CLOSED LOOP SYSTEM CONSISTING OF STEEL PITS AND COMPLETE HAUL OFF OF ALL LIQUIDS AND SOLIDS.~~

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that the above-described pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☒, a general permit ☐, or an (attached) alternative OCD-approved plan ☐.

Date: 6-14-06
Printed Name/Title: Terry Gilbert Signature: [Signature]

Your certification and NMOCD approval of this application/closure does not relieve the operator of liability should the contents of the pit or tank contaminate ground water or otherwise endanger public health or the environment. Nor does it relieve the operator of its responsibility for compliance with any other federal, state, or local laws and/or regulations.

Approval:
Printed Name/Title: GARY W. WINK, STAFF MGR. Signature: [Signature] Date: NOV 29 2006