Form 3160-5 (April2004)

UNITEDSTATES DEPARTMENT OF THE INTERIOR

OCD-HOBBS

FORMAPPROVED OM B No. 1004-0137 Expires: March 31, 2007

BUREAU OF LAND MANAGEMENT 5. Lease Serial No.

| SUNDRY NOTICES AND REI | LC-032096-B | | | | | |
|---|--|--|--|--|--|--|
| Do not use this form for proposals t abandoned well. Use Form 3160 - 3 (| to drill or to re-enter an | 6. If Indian, Allottee or Tribe Name | | | | |
| SUBMIT IN TRIPLICATE - Other instr | 7. If Unit or CA/Agreement, Name and/or No. East Blinebry Drinkard Unit #37 | | | | | |
| 1. Type of Well Gas Well X Other | | 8. Well Name and No. | | | | |
| 2. NameofOperator Apache Corporation | | 9. API Well No. | | | | |
| 3a. Address | 30-025-06556 | | | | | |
| 6120 S Yale Ave, Suite 1500 Tulsa OK 74136-4 | 10. Field and Pool, or Exploratory Area | | | | | |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Descrip | Eunice; Blinebry-Tubb-Drinkard, Nort | | | | | |
| 1980 FNL & 660 FWL UL E, Sec 13, T 21S, R 37E | 11. County or Parish, State Lea County, New Mexico | | | | | |
| 12. CHECK APPROPRIATE BOX(ES)TO |) INDICATE NATURE OF NOTICE, | REPORT, OR OTHER DATA | | | | |
| TYPE OF SUBMISSION | PEOF SUBMISSION TYPE OF ACTION Acidize Deepen Production (Start/Resume) Working Tracture Treat Reclamation Working Tracture Treat Recomplete X Orange Plans Plug and Abandon Temporarily Abandon | | | | | |
| Notice of Intent Alter Casing | FractureTreat Reclamation | Well Integrity | | | | |
| Change Plans | Plugand Abandon Temporarily | Abandon | | | | |
| following completion of the involved operations. If the operation testing has been completed. Final Abandonment Notices shall be determined that the site is ready for final inspection.) As requested by the NMOCD, Apache is correct | n results in a multiple completion or recompletie filed only after all requirements, including recepting Pool Code to 22900 (Eunic | on in a new interval, a Form 3160-4 shall be filed once clamation, have been completed, and the operator has | | | | |
| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Sophie Mackay | Title Engineering T | ech 20 | | | | |
| Signature / . 5 | Date 03/28/2007 | CEPTED FOR RECORD | | | | |
| THIS SPACE FOR | FEDERAL OR STATE OFFICI | E USE COL | | | | |
| Approved by his Ellelham | Title | Date APR 4 | | | | |
| D. S. Yale Ave, Suite 1500 Tulsa OK 74136-4224 (918)491-4864 D. Field and Pool, or Exploratory Area Eunice; Blinebry-Tubb-Drinkard, Nort University Production (Start/Resume) D. Field and Pool, or Exploratory Area Eunice; Blinebry-Tubb-Drinkard, Nort University Production (Start/Resume) D. Field and Pool, or Exploratory Area Eunice; Blinebry-Tubb-Drinkard, Nort University Production (Start/Resume) D. Field and Pool, or Exploratory Area Eunice; Blinebry-Tubb-Drinkard, Nort University Production (Start/Resume) D. Field and Pool, or Exploratory Area Eunice; Blinebry-Tubb-Drinkard, Nort University Production (Start/Resume) D. Field and Pool, or Exploratory Area Eunice; Blinebry-Tubb-Drinkard, Nort University Production (Start/Resume) D. Field And Pool, or Exploratory Area Eunice; Blinebry-Tubb-Drinkard, Nort University Production (Start/Resume) D. Field And Pool, or Exploratory Area Eunice; Blinebry-Tubb-Drinkard, Nort University Production (Start/Resume) Activity Production (Start/Resume) Water Shut-Off Well Integrity Water Shut-Off Well Integrity Well Integrity Well Integrity Casing Repair New Construction Recomplete Well Integrity Well Integrity Casing Repair Production (Start/Resume) Well Integrity Well Record Water Disposal West | | | | | | |

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.

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

¹ API Number

State of New Mexico
Energy, Minerals & Natural
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102 Revised October 12, 2005

Submit to Appropriate District Office

State Lease - 4 Copies Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | 25-06556 | | | 22900 Eunice; Bline | | | | ebry-Tubb-Drinkard, North | | | |
|----------------------------|---|-----------|---|---|--------------|---------------------|--|--|---|--|--|
| ⁴ Property Code | | | ⁵ Property Name | | | | | ⁶ Well Number | | | |
| 3502 | | | EAS | T BLINEBRY DI | | | | 37 | | | |
| ⁷ ogrid 873 | | | ⁸ Operator Name Apache Corporation | | | | | ⁹ Elevation GR | | | |
| 0/3 | | <u>l</u> | | | Surface Lo | | | L | GIN | | |
| UL or lot no. | Section | Fownship | Range | Lot Idn | | | Feet from the | East/West line | Count | | |
| E E | 13 | 21.0S | - 1 | Lot Iuii | 1980 | N N | 660 | W | Lea | | |
| <u> </u> | | 21.00 | | om Hola l | | oifferent From | | | Lou | | |
| L or lot no. | Section 7 | Fownship | Range | Lot Idn | | | Feet from the | East/West line | Count | | |
| 2 01 101 1101 | 500000 | . o asaap | , , , , , | 200 200 | | Troiting South Inte | | Dust, West mic | | | |
| Dedicated Acres 40 | 13 Joint of | r Infill | 14 Consolidation | Code 15 Oro | ler No. | | | | | | |
| | | | | | | | It op I hereby certify the these of my know working interest or proposed hottom I nursuant to a control of a voluntary poolentered by the dividence. | ERATOR CER' as the information contained wiedge and helief, and that t r unleased mineral interest ir table location or has a right to tract with an owner of such a ling agreement or a compuls | herein is true and complete to his organization either owns a te land including the ordill this well at this location mineral or working interest. o ory pooling order heretofore 3/23/200 | | |
| // | | | | | | | Signature Sophie Mac | ckay | O Date | | |
| ·· ··· | | | | | | | I hereby certify to from field notes supervision, and belief. Date of Surve | hat the well location show of actual survevs made by that the same is true and | me or under my | | |
| · | Control vigologica de Control de | | | *************************************** | | | Certificate Nu | ımber | | | |