

**MINERALS MANAGEMENT SERVICE
SUNDRY NOTICES AND REPORTS ON WELL**

Submit original plus three copies with one copy marked "Public Information."

OMB No. 1010-0045

Expiration Date: August 31, 1996

2-6164-3

1. ORIGINAL <input checked="" type="checkbox"/> CORRECTION <input type="checkbox"/>	2. API NUMBER/PRODUCING INTERVAL CODE 42-708-40313-00-S02	3. WELL NO. A-3 003	11. OPERATOR NAME AND ADDRESS (Submitting Office) APACHE CORPORATION 2000 POST OAK BLVD., SUITE 100 HOUSTON, TX 77056-4400
8. FIELD NAME H1176 H1176	9. UNIT NUMBER N/A	10. MMS OPERATOR NUMBER 00105	

WELL AT TOTAL DEPTH

4. LEASE NAME OCS-G 6164	5. AREA NAME HI	6. BLOCK NUMBER 176	7. OPD NUMBER TEX7
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32. TYPE OF SUBMITTAL REQUEST APPROVAL <input checked="" type="checkbox"/> SUBSEQUENT REPORT <input type="checkbox"/>	33. PROPOSED OR COMPLETED WORK			34. WELL STATUS/ TYPE CODE COM/GSI	
	ACIDIZE _____	FRACTURE _____	PLUG BACK _____		WORKOVER _____
	ALTER CASING _____	INITIAL COMPLETION _____	PULL CASING _____		OTHER <input checked="" type="checkbox"/>
	ARTIFICIAL LIFT _____	MULTI-COMPLETION _____	RECOMPLETION _____		Install DX Plug _____
	CHANGE ZONE _____	PERFORATE _____	SIDETRACK _____		
	DEEPEN _____	PERM ABANDONMT _____	TEMPORARY _____		
		ABANDONMENT _____			

WELL AT SURFACE

12. WELL LOCATION AT SURFACE (Surveyed) S08403 E08853	13. LEASE NUMBER OCS-G 6164	14. AREA NAME HI	15. BLOCK NO. 176	16. OPD NUMBER TEX7
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35. SURVEY BASE NAD 27 <input checked="" type="checkbox"/> NAD 83 <input type="checkbox"/>	18. WATER DEPTH (Surveyed) 55'	19. ELEVATION AT KB (Surveyed) 87'	20. RIG NAME N/A	17. RIG TYPE N/A
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36. DESCRIBE PROPOSED OR COMPLETED OPERATION (Attached prognosis or summary of completed work, as appropriate)

PUBLIC INFORMATION

26. CONTACT NAME Don Combs	27. TELEPHONE NUMBER 713-296-6260
28. AUTHORIZING OFFICIAL (Type Name) Don Combs	29. TITLE Senior Production Engineer
30. AUTHORIZING SIGNATURE	31. DATE 11-17-98

THIS SPACE FOR MMS USE ONLY

APPROVED BY (Orig. Sgd.) EDMOND SMITH TITLE District Supervisor
Lake Jackson District

DATE MAY 06 1999

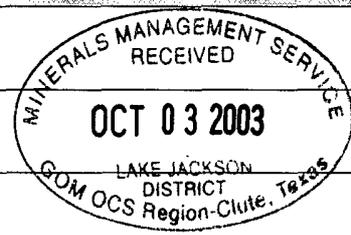
PAPERWORK REDUCTION ACT STATEMENT: The Paperwork Reduction Act of 1980 (44 U.S.C. 3501 et seq.) requires us to inform you that this information is being collected to obtain knowledge of equipment and procedures to be used during well-completion, workover, and production operations. This information will be used by the District Supervisor to evaluate and approve or disapprove the adequacy of the equipment and procedures to safely perform the proposed operations. Response to this request is mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.18.

Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 2053, Minerals Management Service, 381 Elden Street, Herndon, VA 22070-4817; and Office of Management and Budget, Paperwork Reduction Project (OMB No. 1010-0045), Washington, DC 20503.

APPLICATION FOR PERMIT TO MODIFY (APM)

(Replaces Sundry Notices and Reports on Well)

1. TYPE OF SUBMITTAL <input checked="" type="checkbox"/> REQUEST <input type="checkbox"/> SUBSEQUENT APPROVAL <input type="checkbox"/> CORRECTION REPORT		2. MMS OPERATOR NO. 00105		3. OPERATOR NAME and ADDRESS (Submitting Office) Apache Corporation 2000 Post Oak Blvd., Suite 100 Houston, Texas 77056	
4. WELL NAME 003	5. SIDETRACK NO. 00	6. BYPASS NO. 00			
7. API WELL NO. (12 digits) 427084031300	8. START DATE (Proposed) 20031010	9. PRODUCING INTERVAL CODE S01	10. WELL STATUS COM	11. WATER DEPTH (Surveyed) 55	12. ELEVATION AT KB (Surveyed) 87
WELL AT TOTAL DEPTH			WELL AT SURFACE		
13. LEASE NO. G06164			16. LEASE NO. G06164		
14. AREA NAME HI			17. AREA NAME HI		
15. BLOCK NO. 176			18. BLOCK NO. 176		
19. PROPOSED OR COMPLETED WORK (Describe in Section 22)					
<input type="checkbox"/> INITIAL COMPLETION		<input type="checkbox"/> PERMANENT PLUGGING		<input type="checkbox"/> ACIDIZE WITH COIL TUBING	
<input type="checkbox"/> MULTI-COMPLETION		<input checked="" type="checkbox"/> TEMPORARY ABANDONMENT		<input type="checkbox"/> ARTIFICIAL LIFT (INITIAL)	
<input type="checkbox"/> RECOMPLETION		<input type="checkbox"/> PLUG BACK TO SIDETRACK / BYPASS		<input type="checkbox"/> WORKOVER	
<input type="checkbox"/> MODIFY PERFORATIONS		<input type="checkbox"/> OTHER _____		<input type="checkbox"/> CHANGE IN APPROVED PROCEDURE	
<input type="checkbox"/> CHANGE ZONE				<input type="checkbox"/> FINAL LOCATION PLAT ATTACHED	
20. RIG NAME OR PRIMARY UNIT (e.g., Wireline Unit, Coil Tubing unit, etc.) Slickline Unit / Electric Line Unit					21. RIG TYPE N/A
22. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Attach Prognosis or Summary of Completed Work, As Appropriate)					
23. CONTACT NAME Cheryl Powell / Heather Powell		24. CONTACT TELEPHONE NO. (281) 578-3388		25. CONTACT E-MAIL ADDRESS cheryl.powell@jccteam.com	
26. AUTHORIZING OFFICIAL (Type or Print Name) Don Combs		27. TITLE Sr. Production Engineer			
28. AUTHORIZING SIGNATURE <i>Don Combs, Jr.</i>		29. DATE 20031001			



THIS SPACE FOR MMS USE ONLY		
APPROVED BY (Orig. Sgd.) EDMOND SMITH	TITLE District Supervisor Lake Jackson District	DATE OCT 15 2003

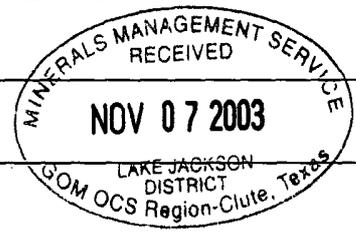
PAPERWORK REDUCTION ACT OF 1995 (PRA) STATEMENT: The PRA (44 U.S.C. 3501 et seq.) requires us to inform you that we collect this information to obtain knowledge of equipment and procedures to be used in drilling well-completion, workover, and production operations. MMS uses the information to evaluate and approve or disapprove the adequacy of the equipment and/or procedures to safely perform the proposed operation. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.196. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is estimated to average 1 1/4 hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 4230, Minerals Management Service, 1849 C Street, N.W., Washington, DC 20240.

**CASING REMOVAL DEFERRED
UNTIL PLATFORM REMOVAL
AND FINAL SITE CLEARANCE**

APPLICATION FOR PERMIT TO MODIFY (APM)

(Replaces Sundry Notices and Reports on Well)

1. TYPE OF SUBMITTAL <input type="checkbox"/> REQUEST <input checked="" type="checkbox"/> SUBSEQUENT <input type="checkbox"/> CORRECTION APPROVAL REPORT		2. MMS OPERATOR NO. 00105		3. OPERATOR NAME and ADDRESS (Submitting Office) Apache Corporation 2000 Post Oak Blvd., Suite 100 Houston, Texas 77056				
4. WELL NAME 003		5. SIDETRACK NO. 00		6. BYPASS NO. 00				
7. API WELL NO. (12 digits) 427084031300		8. START DATE (Proposed) N/A		9. PRODUCING INTERVAL CODE N/A		10. WELL STATUS TA	11. WATER DEPTH (Surveyed) 55	12. ELEVATION AT KB (Surveyed) 87
WELL AT TOTAL DEPTH				WELL AT SURFACE				
13. LEASE NO. G06164				16. LEASE NO. G06164				
14. AREA NAME HI				17. AREA NAME HI				
15. BLOCK NO. 176				18. BLOCK NO. 176				
19. PROPOSED OR COMPLETED WORK (Describe in Section 22)								
<input type="checkbox"/> INITIAL COMPLETION		<input type="checkbox"/> PERMANENT PLUGGING		<input type="checkbox"/> ACIDIZE WITH COIL TUBING				
<input type="checkbox"/> MULTI-COMPLETION		<input checked="" type="checkbox"/> TEMPORARY ABANDONMENT		<input type="checkbox"/> ARTIFICIAL LIFT (INITIAL)				
<input type="checkbox"/> RECOMPLETION		<input type="checkbox"/> PLUG BACK TO SIDETRACK / BYPASS		<input type="checkbox"/> WORKOVER				
<input type="checkbox"/> MODIFY PERFORATIONS		<input type="checkbox"/> OTHER _____		<input type="checkbox"/> CHANGE IN APPROVED PROCEDURE				
<input type="checkbox"/> CHANGE ZONE				<input type="checkbox"/> FINAL LOCATION PLAT ATTACHED				
20. RIG NAME OR PRIMARY UNIT (e.g., Wireline Unit, Coil Tubing unit, etc.) Slickline Unit / Electric Line Unit						21. RIG TYPE N/A		
22. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Attach Prognosis or Summary of Completed Work, As Appropriate)								
23. CONTACT NAME Cheryl Powell / Heather Powell			24. CONTACT TELEPHONE NO. (281) 578-3388		25. CONTACT E-MAIL ADDRESS cheryl.powell@jccsteam.com			
26. AUTHORIZING OFFICIAL (Type or Print Name) Don Combs				27. TITLE Sr. Production Engineer				
28. AUTHORIZING SIGNATURE <i>Don Combs, Sr.</i>				29. DATE 20031105				

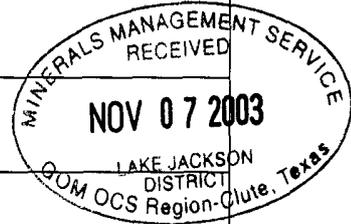


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APPROVED BY (Orig. Sgd.) EDMOND SMITH	TITLE District Manager Lake Jackson District	DATE NOV 25 2003

PAPERWORK REDUCTION ACT OF 1995 (PRA) STATEMENT: The PRA (44 U.S.C. 3501 et seq.) requires us to inform you that we collect this information to obtain knowledge of equipment and procedures to be used in drilling well-completion, workover, and production operations. MMS uses the information to evaluate and approve or disapprove the adequacy of the equipment and/or procedures to safely perform the proposed operation. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.196. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is estimated to average 1 1/4 hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 4230, Minerals Management Service, 1849 C Street, N.W., Washington, DC 20240.

END OF OPERATIONS REPORT (Replaces Well Summary Report)

1. <input type="checkbox"/> COMPLETION <input type="checkbox"/> WORKOVER <input checked="" type="checkbox"/> ABANDONMENT <input type="checkbox"/> CORRECTION <input type="checkbox"/> OTHER _____		2. API WELL NO. (12 Digits) 427084031300		3. PRODUCING INTERVAL CODE N/A		4. OPERATOR NAME and ADDRESS (Submitting Office) Apache Corporation 2000 Post Oak Blvd., Suite 100 Houston, TX 77056	
5. WELL NAME 003		6. SIDETRACK NO. 00	7. BYPASS NO. 00	8. MMS OPERATOR NO. 00105			
WELL AT TOTAL DEPTH				WELL AT PRODUCING ZONE			
9. LEASE NO. G06164				14. LEASE NO. N/A			
10. AREA NAME HI				15. AREA NAME			
11. BLOCK NO. 176				16. BLOCK NO.			
12. LATITUDE <input checked="" type="checkbox"/> NAD 27 (GOM & Pacific) <input type="checkbox"/> NAD 83 (Alaska) 29 11' 28.55"		13. LONGITUDE <input checked="" type="checkbox"/> NAD 27 (GOM & Pacific) <input type="checkbox"/> NAD 83 (Alaska) 94 21' 4.835"		17. LATITUDE <input type="checkbox"/> NAD 27 (GOM & Pacific) <input type="checkbox"/> NAD 83 (Alaska)		18. LONGITUDE <input type="checkbox"/> NAD 27 (GOM & Pacific) <input type="checkbox"/> NAD 83 (Alaska)	
WELL STATUS INFORMATION							
19. WELL STATUS TA		20. TYPE CODE N/A	21. WELL STATUS DATE 20031022	22. KOP (MD) ST / BP N/A		23. TOTAL DEPTH (Surveyed) MD 13718 TVD 10124	
PERFORATED INTERVAL(S) THIS COMPLETION							
24. TOP (MD)		25. BOTTOM (MD)		26. TOP (TVD)		27. BOTTOM (TVD)	
N/A							
28. RESERVOIR NAME N/A				29. NAME(S) OF PRODUCING FORMATION(S) THIS COMPLETION			
SUBSEA COMPLETION							
30. PROTECTION PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO			31. BUOY INSTALLED <input type="checkbox"/> YES <input type="checkbox"/> NO			32. TREE HEIGHT ABOVE MUDLINE	
HYDROCARBON BEARING INTERVALS							
33. INTERVAL NAME		34. TOP (MD)	35. BOTTOM (MD)	36. TYPE OF HYDROCARBON			



PUBLIC INFORMATION

END OF OPERATIONS REPORT (Continued)

LIST OF SIGNIFICANT MARKERS PENETRATED			
37. NAME	38. TOP (MD)	37. NAME	38. TOP (MD)

ABANDONMENT HISTORY OF WELL			
39. CASING SIZE	40. CASING CUT DATE	41. CASING CUT METHOD	42. CASING CUT DEPTH
N/A			

43. TYPE OF OBSTRUCTION N/A	44. PROTECTION PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO	45. BUOY INSTALLED <input type="checkbox"/> YES <input type="checkbox"/> NO	46. OBSTRUCTION HEIGHT ABOVE MUDLINE
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47. CONTACT NAME Cheryl Powell / Heather Powell	48. CONTACT TELEPHONE NO. (281) 578-3388	49. CONTACT E-MAIL ADDRESS cheryl.powell@jccteam.com
50. AUTHORIZING OFFICIAL (Type or Print Name) Don Combs	51. TITLE Sr. Production Engineer	
52. AUTHORIZING SIGNATURE 	53. DATE 20031105	

PAPERWORK REDUCTION ACT OF 1995 (PRA) STATEMENT: The PRA (44 U.S.C. 3501 et seq. requires us to inform you that we collect this information to obtain knowledge of equipment and procedures to be used in drilling operations. MMS uses the information to evaluate and approve or disapprove the adequacy of the equipment and/or procedures to safely perform the proposed drilling operation. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.196. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 4230, Minerals Management Service, 1849 C Street, N.W., Washington, DC 20240.