U.S. EQUAL EMPLO 2023 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ration Dat	08/2023 mber: 30	46-0049
				FION A				I			<b>I</b>				
		SECT	FION E	B – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
5540307						AP.	ACHE	CORPO	ORATIC	N					
ADDRESS							С	ITY/TOW	VN			STATE		ZIP CO	DDE
2000 POST OAK BOULE	VARD,	SUITE	100				Н	OUSTO	N			ТХ		770	56
SECTION C – HI	EADOU	ARTE	RS OR	ESTAB	LISHN	MENT-I	LEVEL	IDENT	'IFICA'	<b>FION</b> (i	f applic	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	QUARTE	RS OR E	STABLIS	SHMEN	ſ-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADI	DRESS				С	ΙΤΥ/ΤΟΫ	VN			STATE		ZIP CO	DDE
	SECTI	ON D -	- EMP	LOYER	IDEN: 10747		TION N	IUMBE	CR (EIN	)					
<b>X YES</b> (Employer Is Eligible				- EMPL oyer Is N						NO LOI	NGER	IN BUS	INESS		
				L CONT											
				ntity ID (											
<b>YES</b> (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (I	Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ctor)		
X YES (H	- Ieadaua	rtere ie	Federal	Contrac	tor)	VFS (N	Ion-Hea	dauarter	e Fetabl	ishment	is Fede	ral Contr	ractor)		
	icauqua							-					actor)		
				ne or Mo		-			nments i	s Federa	l Contr	actor)			
				ON G – I 0 - Cruc											
	SE	CTIO	NH - V	VORKF	ORCE	DEMO	GRAPI	HIC DA	TA						
	~						Race/E								
	Hisp	Hispanic Not Hispanic or Latino													
	or La	or Latino Male Female													
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	20	0	2	0	0	0	8	0	0	0	0	0	30
First/Mid-Level Officials and Managers	36	8	182	5	14	0	2	1	57	8	10	1	1	1	326
Professionals	53	57	272	18	46	0	0	7	119	33	31	0	0	3	639
Technicians Sales Workers	0	0	1	0	1	0	0	0	3	1 0	1 0	0	1 0	1	9 0
Administrative Support Workers	5	16	10	6	0	0	0	0	28	14	2	0	0	0	81
Craft Workers	141	1	197	3	1	0	3	3	0	0	0	0	0	0	349
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	235	82	682	32	64	0	5	11	215	56	44	1	2	5	1434
PRIOR 2022 REPORTING YEAR TOTAL	214	80	686	29	57 EODC	0	5	7	210	56	43	1	2	3	1393
	2	SECTI	UNI-	WORK 12/1/2		e snap 2/15/20		PERIO	D						
SECTION J Not Applicable	– HEA	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LEV	VEL CO	OMME	NTS (op	tional)				

	R OMB Con	EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026			
	SECTION K – OFFICIAL CER	RTIFICATION OF SUBMISSION			
	EMPLOYER II	DENTIFICATION			
OFS COMPANY ID 5540307		EMPLOYER NAME APACHE CORPORATION			
ADDRE	SS	CITY/TOWN	STATE	ZIP CODE	
2000 POST OAK BOU	LEVARD, SUITE 100	HOUSTON	ТХ	77056	
	CERTIFICATION	COMMENTS (optional)			
and was prepar	uding any workforce demographic d red in conformity with the directions <b>Cully false statements on this repor</b>	ON STATEMENT ata, provided in this report is correct set forth in the form and accompany t are punishable by law, US Code, ETTEICATION	ving instructions."	,	
and was prepar	uding any workforce demographic da red in conformity with the directions <b>'ully false statements on this repor</b> DATE OF CE	ata, provided in this report is correct s set forth in the form and accompany	ving instructions."	,	
and was prepar	uding any workforce demographic d red in conformity with the directions fully false statements on this repor DATE OF CE 5/31/2024 12	ata, provided in this report is correct is set forth in the form and accompany t are punishable by law, US Code, CRTIFICATION :50 PM [EST]	ving instructions."	,	
and was prepar	uding any workforce demographic d red in conformity with the directions fully false statements on this repor DATE OF CE 5/31/2024 12 EMPLOYER'S CEI	ata, provided in this report is correct is set forth in the form and accompany t are punishable by law, US Code, CRTIFICATION :50 PM [EST] RTIFYING OFFICIAL	ving instructions."	,	
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