		OCD-ARTESIA	
Form 3160-5	UNITED STATES	T ORGANIA TREE / DD	
(August 2007) DEF	PARTMENT OF THE INT EAU OF LAND MANAG	OMB No. 1004-0137 Expires: July 31, 2010	
			NM-13984 97120
Do not use this f	IOTICES AND REPOR form for proposals to c Use Form 3160-3 (APD	frill or to re-enter an	6. If Indian, Allottee or Tribe Name
	T IN TRIPLICATE – Other ins	tructions on page 2.	7. If Unit of CA/Agreement, Name and/or No.
Type of Well 🔽 Gas V	8. Well Name and No. FEDERAL N #1		
2. Name of Operator DEVON ENER	9. API Well No. 30-015-23538		
3a. Address	le) 10. Field and Pool or Exploratory Area		
PO BOX 250, ARTESIA, NM 88211		575-748-3371	11 Country on Darich State
4. Location of Well <i>(Footage, Sec., T.,</i> 1980' FSL & 860' FEL, SEC 5, T23S, R26E	R., M., or Survey Description)		11. Country or Parish, State EDDY COUNTY, NEW MEXICO
12. CHEC	CK THE APPROPRIATE BOX(I	ES) TO INDICATE NATURE	OF NOTICE, REPORT OR OTHER DATA
TYPE OF SUBMISSION		TYI	PE OF ACTION
Notice of Intent	Acidize	Deepen Fracture Treat	Production (Start/Resume) Water Shut-Off Reclamation Well Integrity
Subsequent Report	Casing Repair	New Construction	Recomplete Other
Final Abandonment Notice	Change Plans	Plug and Abandon Plug Back	Temporarily Abandon Water Disposal
the proposal is to deepen direction Attach the Bond under which the following completion of the invol- testing has been completed. Final	ally or recomplete horizontally, g work will be performed or provid ved operations. If the operation r Abandonment Notices must be f	give subsurface locations and le the Bond No. on file with B esults in a multiple completio	I starting date of any proposed work and approximate duration there measured and true vertical depths of all pertinent markers and zones LM/BIA. Required subsequent reports must be filed within 30 days nor recompletion in a new interval, a Form 3160-4 must be filed on s, including reclamation, have been completed and the operator has
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Form 3160-5 (August 1999)	DEPARTMENT OF THE INTERIOR				EORM APROVED OMB NO, 1004-0135			
		OF LAND MANAGEMENT	19		EXPIRES: NOVEMBER 30, 2000			
	SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an				6. If Indian, Allottee or Tribe Name			
	abandoned well. Use I	: 	6. If Indian, Allotte	e or Tribe Name				
	SUB	MIT IN TRIPLICATE			7. Unit or CA Agre	eement Name and No.		
1a. Type of Well	Oil Well 🖸 Gas V	Well 🗌 Other				n na haranan		
				······	8 Well Name and			
2. Name of Opera		GY PRODUCTION CO			9. API Well No.	ederal N #1	÷;	
	the second s	ST PRODUCTION C		<u>.</u>		23538		
3. Address and T P.O.I	Box 250 - Artesia,	371	10. Field and Pool, or Exploratory					
	I (Report location clearly							
		860' FEL - Sec 5-T			12. County or Parish 13. State Eddy County, New Mexico			
					and the second se	Contraction of the second s	co	
	CHECK AF	PROPRIATE BOX(S) TO INE		E OF ACTION		<u>A</u>		
		Acidize	Deepen		n (Start/Resume)	Water Shut-Off		
Notice of I	intent.	Alter Casing	Fracture Treat	🗹 Reclamat	lon	Well Integrity		
Subsequer	nt Report	Casing Repair	New Construction	Recomple	rily Abandon	Other Water	Disposal	
🛄 Final Aban	donment Notice	Change Plans	Plug and Abandon Plug Back	Water Di				
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13. Describe P	roposed or Completed Or	perations (Clearly state all per	tinent details, and give pe	rtinent dates, li	icluding estimated	date of starting any pro	posed	
Work and approxit	Production Co. I P ra	the proposal deepen direction spectfully submits the fo	ally of recomplete	n response t	0 3162.4 (LLNM	P0221) NMNM97120	The	
two catchment	s have been address	ed and repaired as reque	sted: The netting on	the first one	has been lifted	and stretched out o	ver the	
fluid, and the s	second one has the n	etting on it now, and the	remains of the dead b	ird have bee	en removed.			
		off and the access road	to the location is bein	ng utilized as	s it was permitte	d. The pipeline ha	is been	
reclaimed and	seeded with #3 seed	mix.						
The reserve pi	t has also been recla	imed by reseeding with #	3 seed mixture to pre	vent any fur	ther erosion cha	innels.		
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1			TIPRA C C	ç lorç =		SDAD FIELD OFFIC		
5.5							·	
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14. I nereby cert	tify that the foregoing is tr	ue and correct Name	Shannon l	Moss				
Signed	A AND	Title	Production F	and the second division of the second divisio	Date	4/14/2010	·	
oigned	(mo-plass)	11113		oreman			TMD	
(This space for F	ederal or State Office us	e)	· · · · · · · · · · · · · · · · · · ·			o i 04	1 willie	
Approved by		Title	a An an		Date	ADrin TP.	1 Pour 2	
Conditions of ap	proval, if any:			- <u></u>		and and	K012.	
<u>a</u>				<u></u>	<u></u>	<u> </u>	11	
	n 1001, makes il a crime for any p	person knowingly and willfully to make a	ny department or agency of the U	nited States any fal	se, ficililous or fraudulent	statements or representations	to any matter within	
its jurisdiction.		<u>induden and see the second s</u>						

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*See Instruction on Reverse Side