| Form 3160-5<br>(March 2012) DEF                                                                                                                                                                                                                                                                                                                                                                                                                                                    | UNITED STATES<br>PARTMENT OF THE INTERIOR<br>EAU OF LAND MANAGEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OCD Artesia                                                                                                                                                                                                                                        | FORM APPROVED<br>OMB No. 1004-0137<br>Expires: October 31, 2014                                                                                                                                                  |                                                                                                                                                                                                                                                    |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    | 5. Lease Serial No.                                                                                                                                                                                              |                                                                                                                                                                                                                                                    |  |
| SUNDRY N                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | IOTICES AND REPORTS ON W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ELLS                                                                                                                                                                                                                                               | NM0560289 & NM0560290<br>6. If Indian, Allottee or Tribe Name                                                                                                                                                    |                                                                                                                                                                                                                                                    |  |
| Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | re-enter an                                                                                                                                                                                                                                        |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                    |  |
| SUBMIT IN TRIPLICATE – Other instructions on page 2.                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    | 7. If Unit of CA/Agreement, Name and/or No.                                                                                                                                                                      |                                                                                                                                                                                                                                                    |  |
| I. Type of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    | NM70798X                                                                                                                                                                                                         |                                                                                                                                                                                                                                                    |  |
| Oil Well   Gas Well   Other                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                  | Burton Flat Deep Unit 56H                                                                                                                                                                                                                          |  |
| 2. Name of Operator<br>Devon Energy Production Company, L.P.                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    | 9. API Well No.<br>30-015-40683                                                                                                                                                                                  |                                                                                                                                                                                                                                                    |  |
| 3a. Address<br>333 W. Sheridan Avenue<br>Oklahoma City, Oklahoma 73102                                                                                                                                                                                                                                                                                                                                                                                                             | 405-228-4248                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (include area code)                                                                                                                                                                                                                                | 10. Field and Pool or Exploratory Area<br>Avalon; Bone Spring, East                                                                                                                                              |                                                                                                                                                                                                                                                    |  |
| 4. Location of Well (Footage. Sec., T., R., M., or Survey Description)<br>SHL: 4050' FNL & 50' FEL, Lot 1B, Sec 3, 21S-27E                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    | 11. County or Parish. State<br>Eddy County, NM                                                                                                                                                                   |                                                                                                                                                                                                                                                    |  |
| 12. CHEC                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CK THE APPROPRIATE BOX(ES) TO IND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ICATE NATURE OF NOT                                                                                                                                                                                                                                | ICE, REPORT OR OTHER D                                                                                                                                                                                           | ATA .                                                                                                                                                                                                                                              |  |
| TYPE OF SUBMISSION TYPE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                    |  |
| Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Acidize Deepe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                    | duction (Start/Resume)                                                                                                                                                                                           | Water Shut-Off                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    | clamation                                                                                                                                                                                                        | Well Integrity Other Spud Report                                                                                                                                                                                                                   |  |
| Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | · _                                                                                                                                                                                                                                                | nporarily Abandon                                                                                                                                                                                                |                                                                                                                                                                                                                                                    |  |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Convert to Injection Plug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Back 🗌 Wa                                                                                                                                                                                                                                          | ter Disposal                                                                                                                                                                                                     |                                                                                                                                                                                                                                                    |  |
| determined that the site is ready for<br>01/20/13 - 01/22/13: MIRU. Spud<br>1.35 cf/sx. Displace w/ 93 bbls FW<br>casing to 1050 psi and held for 30 r<br>01/23/13 - 01/25/13: TD 17-1/2" hol<br>cmt, yld: 1.34 cf/sx. Disp w/121 bbl:<br>test. Test casing to 1500 psi and he<br>01/26/13 - 01/28/13: TD 12-1/4" hol<br>yld: 1.38 cf/sx; displ w/201.4 bbls F<br>H, 10 mins, good test. Test casing 1<br>02/04/13 - 02/07/13: TD 8-3/4" pro<br>CHC. 1st lead w/440 sx Cl H, Yld 2 | well @ 06:00 hrs. TD 26" hole @ 300'. R<br>. Circ 195 sx to surf. Test BOP's 250 psi<br>minutes. (Good Test).<br>le @ 845'. RIH w/20 jts 13-3/8" 68# K-55<br>s FW. Circ 193 sx to surf. WOC. Test B<br>eld for 30 minutes. (Good Test).<br>le @ 2700'. RIH w/62 jts 9-5/8" 40# J-55<br>W. Circulated 519 sx cmt to surface. RE<br>to 1500 psi and held for 30 minutes. (Go<br>duction hole @ 11,336'. CHC. RIH w/16<br>2.0 cf/sx, Tail w/1,050 sx CI "H" cmt, YId "<br>CI C Cement, yield 1.378. Displace w/78<br>06:00 hrs. | RIH w/7 jts 20" 94# J-55 E<br>L, 1500 psi H. Test ann<br>BTC csg & set @ 845'.<br>OP's 250 psi L, 3000 psi<br>STC csg & set @ 2700'.<br>O cmt equip. Test BOP's<br>od Test).<br>1 jts 5-1/2" 17# HCP-110<br>1.28 cf/sx; disp w/ 185 bb<br>bbls FW. | TC csg & set @ 300'. Lead<br>ular 250 psi L 3000 psi H, 1<br>Lead w/600 sx Cl "C" cmt, y<br>H. Test Annular 250 psi L<br>Lead w/720 sx Cl C, yld 1.<br>250 psi L, 5000 psi H. Tes<br>0 BTC & 99 jts 5-1/2" HCP-1 | d w/685 sx CI "C" cmt, yld:<br>0 mins, Good Test. Test<br>yld: 1.74 cf/sx. Tail w/300 sx<br>2500 psi H, 10 mins, good<br>.74 sf/sx. Tail w/600 sx Cl C,<br>t Annular 250 psi L 2500 psi<br>110 LTC csg, set @ 11336';<br>@ 3486'. Pump 342 sx Cl C |  |
| Accepted for record MAT 3 1 2013<br>NMOCD LR) cole (17/2013 NAAOOD                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                    |  |
| 14. Thereby certify that the foregoing is                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    | DOIS [NMOCD /                                                                                                                                                                                                    | ARTESIA                                                                                                                                                                                                                                            |  |
| Patti Riechers Title Regulatory Specia                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    | alist                                                                                                                                                                                                            |                                                                                                                                                                                                                                                    |  |
| Signature Patte 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Geehers)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date 05/15/2013                                                                                                                                                                                                                                    | ACCEDTED                                                                                                                                                                                                         |                                                                                                                                                                                                                                                    |  |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE-TIED FUN ILLUIND                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                    |  |
| Approved by                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Title                                                                                                                                                                                                                                              | MAYDate                                                                                                                                                                                                          | 2 5 2013                                                                                                                                                                                                                                           |  |
| 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.                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    | 1 Com                                                                                                                                                                                                            | 2                                                                                                                                                                                                                                                  |  |
| 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 fictilious or fraudulent statements or representations as to any matter within its jurisdiction.                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    | to make to the Construction of the Construction of the CARLSBAD FIELD OFFICE                                                                                                                                     |                                                                                                                                                                                                                                                    |  |
| (Instructions on page 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                    |  |