Form 3160-5 (August 2007)

1. Type of Well

## OCD Artesia

**UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT** 

FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010

5. Lease Serial No.

Serial No. BHL: LC062300 SHL: NMNM125634, NMLC061869

6. If Indian, Allottee or Tribe Name

7. If Unit of CA/Agreement, Name and/or No.

## SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on page 2.

Oil Well Gas Well Other				8. Well Name and No. Big Sinks Draw 25 Fed Com 1H	
Name of Operator     Devon Energy Production Company, L.P.			9. API Well No. 30-015-41548		
3a. Address 3b. Phone No. (include area code)			10. Field and Pool or	10. Field and Pool or Exploratory Area	
333 West Sheridan, Oklahoma City, OK 73102 405-228-4248		WC-015 G-05 S2	WC-015 G-05 S263125N; Bone Spring		
4. Location of Well (Footage, Sec., T.R.M., or Survey Description)			11. Country or Parish, State		
2440' FNL & 500' FWL Unit E, Sec 25, T25S, R31E 300' FNL & 538' FWL Unit D, Sec 24, T25S, R31E PP: 2813' FNL & 401' FV		L' FWL EDDY, NM	L EDDY, NM		
12. CHE	CK THE APPROPRIATE BO	X(ES) TO INDICATE NATURE (	OF NOTICE, REPORT OR OTH	ER DATA	
TYPE OF SUBMISSION		TYPE OF ACTION			
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (Start/Resume) Reclamation	☐ Water Shut-Off ☐ Well Integrity	
Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abandon	Recomplete Temporarily Abandon	Other Completion Report	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		
3/27/14-4/30/14: MIRU WL 8 Spring, 10885'-17965', total 1 1,313,940# 100 Mesh, ND fra	د PT. TIH & Run CBL, four 152 holes. Frac'd in 24 s	tages. Frac totals 71,999g 15	% HCL, 3,433,680# 40/70 s	s. Set plug @ 17980'. Perf Bone and,	
AD 7-2-7 Addepted for the NMOCD	NM C	OIL CONSERVATION ARTESIA DISTRICT JUN & 0 2014	ACCEP	TED FOR RECORD	
		<b>5 5 5 5 5 5 5</b>		2 2 2014	
14. I hereby certify that the foregoing is t	rue and correct.	RECEIVED		1/2	
Name (Printed/Typed)  Gwyn Smith		Title Regulato	ory Compliance Analyste A	LOF LAND MANAGEMENT	
400			S/AR	LSBAD FIELD OFFICE	
Signature Cu		Date 5/28/20	14		
	THIS SPACE	FOR FEDERAL OR STA	TE OFFICE USE		
Approved by Conditions of approval, if any, are attache that the applicant holds legal or equitable to intitle the applicant to conduct operations	itle to those rights in the subjecthereon.	t lease which would Office		Date	
Fitle 18 U.S.C. Section 1001 and Title 43 fectitious or fraudulent statements or repre-			willfully to make to any departmen	of or agency of the United States any false,	
Instructions on page 2)					