

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010**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 reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM0503
2. Name of Operator DEVON ENERGY PRODUCTION CO		6. If Indian, Allottee or Tribe Name
3a. Address 333 W. SHERIDAN AVENUE OKLAHOMA CITY, OK 73102		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 405-552-3303		8. Well Name and No. COTTON DRAW UNIT 226H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 11 T25S R31E NWNW 200FNL 1165FWL		9. API Well No. 30-015-42415
		10. Field and Pool, or Exploratory PADUCA; BONE SPRING
		11. County or Parish, and State EDDY COUNTY, NM

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Convert to Injection

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Unit / CA#: C-02-0398

12/15/14-1/21/15: MIRU WL & PT. TIH & ran CBL, found ETOC @ 3776'. TIH w/pump through frac plug and guns. Perf Bone Spring 2nd, 10611'-14812', total 768 holes. Frac'd 10611'-14812' in 16 stages. Frac totals 47,985g 7.5% HCl, 1,684,044# Black Ultra 30/50, 3,524,260# White 40/70, 1,364,443# White 100 Mesh. ND frac, MIRU PU, NU BOP, DO plugs @ CO to PBTD 14827'. CHC, FWB, ND BOP. RIH w/304 jts 2-7/8" L-80 tbg, set @ 9686'. TOP.

**NM OIL CONSERVATION**  
ARTESIA DISTRICT

JUL 10 2015

Accepted for record  
RD NMOC 7/30/15

RECEIVED

14. I hereby certify that the foregoing is true and correct.		Electronic Submission #292412 verified by the BLM Well Information System	
Name (Printed/Typed) LUCRETIA A MORRIS		Title REGULATORY COMPLIANCE ANALYST	
Signature (Electronic Submission)		Date 02/19/2015	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE			
Approved By _____		Title _____	
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.		Office _____	

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 to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***