Form 3160-5 (August 2007) UNITED STATES OCD Artesia DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT 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.					FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010 5. Lease Serial No. NMNM0405444A 6. If Indian, Allottee or Tribe Name			
					SUBMIT IN TRIPLICATE - Other instructions on reverse side.			
1. Type of Well Soli Well Gas Well Other					8. Well Name and No. TODD 22D FED 4			
2. Name of Operator Contact: DENISE MENOUD DEVON ENERGY PRODUCTION CO ERMail: Denise.Menoud@dvn.com					9. API Well No. 30-015-32880-00-S1			
3a. Address 333 WEST SHERIDAN AVE OKLAHOMA CITY, OK 7310	. (include area code 6-5544	e)	10. Field and Pool, or Exploratory INGLE WELLS-DELAWARE					
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, and State			
Sec 22 T23S R31E NWNW 660FNL 710FWL					EDDY COUNTY, NM			
12. CHECK APP	ROPRIATE BOX(ES) T	O INDICATE	NATURE OF	NOTICE, R	L EPORT, OR OTH	IER DATA	<u></u> ,	
TYPE OF SUBMISSION	TYPE OF ACTION							
Notice of Intent		Deepen		Produc	tion (Start/Resume)	U Water	Shut-Off	
_	Notice of Intent Alter Casing		Fracture Treat		Reclamation		Integrity	
Subsequent Report	Casing Repair	🗋 Nev	New Construction		plete 🖸 Other			
Final Abandonment Notice	Change Plans	Plug and Abandon		🗖 Tempo	porarily Abandon			
13. Describe Proposed or Completed Op	Convert to Injection			🗖 Water I	-			
Attach the Bond under which the wo following completion of the involve testing has been completed. Final A determined that the site is ready for THIS WELL WAS PLUGGED THIS LOCATION HAS BEEN	d operations. If the operation re bandonment Notices shall be fi final inspection.) AND ABANDONED 2/27	esults in a multip led only after all 1/2016.	e completion or rec requirements, inclu	completion in a ding reclamatio	new interval, a Form 3 n, have been complete NM O	160-4 shall be t d, and the opera	filed once ator has	
						JUL 112		
			Accep	ted For	Pacard		U 10	
Accepted For Record NMOCD RECEIVED								
	were well	Sign.	Than	<u>Ke</u>		<u></u>	<u> </u>	
 I hereby certify that the foregoing i Cor 	s true and correct. Electronic Submission # For DEVON ENER(nmitted to AFMSS for proc	GY PRODUCT	ON CO LP, sent	to the Carlsh	bad			
Name (Printed/Typed) DENISE	Title AUTHO	Title AUTHORIZED REPRESENTATIVE						
Signature (Electronic	Submission)		Date 05/16/2		SE			
recepted to Augu							- 29-16	
Approved By frimer (- Kans			Title Date			· •		
Conditions of approval, if any, are attache certify that the applicant holds legal or eq which would entitle the applicant to cond	Office	FD						
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C. Section 1212, make it a statements or representations as	crune for any pe to any matter w	rson knowingly an ithin its jurisdiction	d willfully to m	ake to any department	or agency of th	: United	

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