

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.5. Lease Serial No.
NMLC063622

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
VEGA 29 FEDERAL 49. API Well No.
30-015-4234710. Field and Pool, or Exploratory
HACKBERRY; BONE SPRING11. County or Parish, and State
EDDY COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

DEVON ENERGY PRODUCTION CO LP

Contact: DENISE MENOUD

Email: Denise.Menoud@devn.com

3a. Address

PO BOX 250
ARTESIA, NM 88211

3b. Phone No. (include area code)

Ph: 575-746-5544

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 20 T19S R31E SESE 460FSL 777FEL
32.639923 N Lat, 103.885391 W Lon**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 type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input checked="" type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 recomplete 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 recompletion 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.)

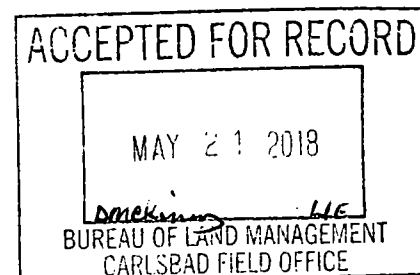
GC 6-4-18
Accepted for record - NMOCD

THIS LOCATION HAS BEEN DOWNSIZED. ACRES RECLAIMED = 1.1099.

RECEIVED

MAY 31 2018

DISTRICT II-ARTESIA O.C.D.



4-25-18 Artesia - Will Menouder

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #329136 verified by the BLM Well Information System
For DEVON ENERGY PRODUCTION CO LP, sent to the Carlsbad

Name (Printed/Typed) DENISE MENOUD

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 01/20/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Date

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 ****

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

SURFACE INSPECTION FORM

Well Name: VEGA 29 FEDERAL			Well #: 4H		API #: 300154234700S1		Well Status: POW	
Footage: 460FSL 777FEL		Alliquot: SESE	Lot/Tract:	Section: 20	Twtnship/Lat: 19S (32.63992)	Rng/Long: 31E (103.88545)	County: EDDY	State: NM
Case: NMLC063622		Facility ID:			Associated Rights of Way:			
Lease: NMLC063622		H2S Date:		H2S Gas Stream:		H2S Vapors:		H2S Radius:
Hazard: No								
SME: BUREAU OF LAND MANAGEMENT			Operator Name: DEVON ENERGY PRODUCTION COM LP					

Please be sure to complete for inspection

Inspector: <i>Armas Ar-10h</i>		Company/SME Rep:				Phone #:	
Date: <i>4/25/18</i>	Type: <i>ES</i>	Activity: <i>IR</i>	Office: <i>1.0</i>	Travel: <i>0.6</i>	Insp: <i>0.8</i>		

General Remarks:

I conducted a Interim Reclamation inspection on this location, the IR work has been completed on all sides of the pad, the area has been ripped and seeded area has been countoured to match the surrounding area, there is some vegetation growing within the IR with misc annuals and perinnels the area has been bermed to prevent vehicle trespass on the reclaimed site....
 Author: ARTHUR ARIAS Date: 04/25/2018

IRIP1

Follow-up Requirements: (circle any that apply) NONE VERBAL LETTER INC NOTIFY PET

Follow-up Remarks:

CORRECT PROBLEM BY:

NEXT INSPECTION:

Production/Interim Reclamation Inspection/Monitoring Environmental

Case #: _____
 Lease #: NMLC 063622
 Operator: Present: Yes ☐ No ☒
 Twn: 19 Rng: 31 County: EDDY
 Sec: 20 Qtr: _____ State: NM
 N/S Foot: _____ E/W Foot: _____ Lat.: _____ Long.: _____
 Surface Owner: BUREAU OF LAND MGMT Present: Yes ☐ No ☐
 Office Time: 1.0 Travel Time: 0.6
 Inspection Open Date: Click here to enter a date. 4/25/18
 Inspection Close Date: Click here to enter a date. 4/25/18

Well Name: VEGA 29 FEN
 Well #: 4
 API #: 3011542347
 Facility ID: _____
 Facility Name: _____
 H2S: Yes ☐ No ☐
 Inspection Activity: ES-- Choose an item. IR
 Inspector: ARIN ARTHUR

Inspection Items

	Met	Not Met	N/A	Order/INC
Constructed as Per the Permit Requirements and Utilizing BMPs as Appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unauthorized Disturbance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interim Reclamation: Pads and Roads

1. Facilities Clustered and Sited to Maximize Interim Reclamation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Recontoured and Compacted Areas Ripped	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Topsoil Redistributed on Majority of the Disturbed Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Seeded- Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Method: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Reveg. Close to the Wellhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Reveg. Close to Road Surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Revegetation Success <u>LOOKS GOOD</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Erosion and Runoff Controlled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Mulch? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Type: _____ Fertilized? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Free of Noxious & Invasive Weeds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interim Reclamation Approved? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Work Needed-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Roads:

1. Proper Drainage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Culverts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Surface Material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Gates	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Cattleguards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Pipeline and Power Line Corridors:

1. Erosion Controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Final Reclamation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Power Lines Exclude Raptors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Production Facilities:

Color/Screening: Painted to Blend with the Vegetated Background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Berm: Maintained and Adequate Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Stacks: Constructed to Prevent Bird/Bat Mortality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number and Types of Facilities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Management of Wastes and Spills:

1. Spills or leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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