## OCD-ARTESIA

Form 3160-5 (February 2005)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS

FORM APROVED
OMB NO. 1004-0135
EXPIRES: March 31, 2007

[5. Lease Serial No.

Do not use this form for proposals to drill or to re-enter an		SHL:NM037489; BHL:NM036379
abandoned well. Use Form 3160-3 (APD) for such proposals  SUBMIT IN TRIPLICATE		O. II Illulati, Allottee of Tribe Name
CODIMIT IN THAT ELOCATE		7. Unit or CA Agreement Name and No.
1a. Type of Well Oil Well Gas Well Other		8 Well Name and No.
2. Name of Operator		Cotton Draw Unit 150H
DEVON ENERGY PRODUCTION COMPANY, LP		9. API Well No.
3. Address and Telephone No.		30-015-38536
20 N. Broadway, Oklahoma City, Ok 73102-8260 405-235-3611		10. Field and Pool, or Exploratory
Location of Well (Report location clearly and in accordance with Federal requirements)*     A 34 T24S R31E		Delaware;Brushy Canyon 11. County or Parish State
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BHL: 200 FSL & 660 FEL P	ADDDODDIATE BOYES TO INDICATE NATURE OF NOTICE	Eddy NM
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF ACTION		
deepen directionally or recomplete horizontally, give su the Bond No. on file with BLM/BIA. Required subseque interval, a Form 3160-4 shall be filed once testing has a determined that the site is ready for final inspection)  Devon Energy Production Compo- until TD. Once the well is horizon utilize lateral rotary steerable ass	bsurface location and measured and true vertical depths of all pertinent markers	to 8.5" once the curve is landed and maintain ) bit size will be decreased to 8.5" until TD to
14. Thereby certify that the foregoing is to	ue and correct	NMOCD DY
Signed Jua Ba	Name Judy A. Barnett X86 Title Regulatory Specialis	
(This space for Federal or State Office use	e)	0 2011
Approved by Conditions of approval, if any:	Title	DAMAR 8 2011
		MF WGEAM
	person knowingry and williamy to make any department or agency or the Omica 6 within its jurisdiction.	DETROI FUM ENGINEER

\*See Instruction on Reverse Side



