

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Operator Copy

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

HOBBS OOD

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.

JUN 12 2015

5. Lease Serial No.
NMNM94118

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

RECEIVED

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

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. RAGIN CAJUN 14 FEDERAL 1H
2. Name of Operator DEVON ENERGY PRODUCTION CO Contact: LUCRETIA A MORRIS EMail: Lucretia.Morris@dvn.com		9. API Well No. 30-025-41541-00-X1
3a. Address 333 WEST SHERIDAN AVE OKLAHOMA CITY, OK 73102	3b. Phone No. (include area code) Ph: 405-552-3303	10. Field and Pool, or Exploratory JABALINA
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 14 T26S R34E SESE 330FSL 330FEL 32.036136 N Lat, 130.432159 W Lon		11. County or Parish, and State LEA 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 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 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 checked="" type="checkbox"/> Other Drilling Operations
	<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.)

(2/24/15-2/27/15) Spud @ 19:00. TD 17-1/2? hole @ 1040?. RIH w/ 26 jts 13-3/8? 54.5# J-55 BT csg, set @ 1040?. Lead w/ 410 sx Econocem cmt, yld 1.87 cu ft/sk. Tail w/ 545 sx Halcem, yld 1.34 cu ft/sk. Displ w/ 155 bbls FW. Circ 372 sx cmt to surf. PT csg to 1911 psi for 30 min, OK. PT BOPE @ 250/3000 psi, held each test for 10 min, OK.

(3/3/15-3/6/15) TD 12-1/4? hole @ 5260?. RIH w/ 125 jts 9-5/8? 40# J-55 ST&C csg, set @ 5260?. Lead w/ 1140 sx CIC cmt, yld 1.87 cu ft/sk. Tail w/ 430 sx CIC, yld 1.33 cu ft/sk. Displ w/ 375 bbls FW. Circ 374 sx cmt to surf. PT csg to 2765 psi for 30 min, OK.

(3/17/15-3/27/15) TD 8-3/4? hole @ 14686?. RIH w/ 143 jts 5-1/2? 17# RY-110 CDC-HTQ csg and 196 jts 7? 29# RYC-110 DWC-HTQ csg, set @ 14670?. Lead w/ 460 sx Tuned Light cmt, yld 3.39 cu ft/sk. Tail w/ 1600 sx Versacem, yld 1.22 cu ft/sk. Displ w/ 457 bbls FW. RR @ 06:00.

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

**Electronic Submission #296988 verified by the BLM Well Information System
For DEVON ENERGY PRODUCTION CO LP, sent to the Hobbs
Committed to AFMSS for processing by JENNIFER SANCHEZ on 04/21/2015 (15JAS0048SE)**

Name (Printed/Typed) LUCRETIA A MORRIS	Title REGULATORY COMPLIANCE ANALYST
Signature (Electronic Submission)	Date 04/01/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date APR 21 2015
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.

** BLM REVISED **

KCS

SEP 21 2015