Form 3160-5 (August 2007)

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

NMOCD

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

SUNDRY NOTICES AND REPORTS ON WELLHOBBS

5. Lease Serial No. NMLC061863A

| abandoned well. Use form 3160-3 (APD) for such proposals.                                            |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        | 6. If Indian, Allotte                                                                                                                                                                                                     | 6. If Indian, Allottee or Tribe Name                                              |  |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| SUBMIT IN TRI                                                                                        | PLICATE - Other instru                                                                                                                                                                                                                              | ctions on reverse side.                                                                                                                                                                                                                                | OCD 7. If Unit or CA/Ag                                                                                                                                                                                                   | reement, Name and/or No.                                                          |  |
| 1. Type of Well                                                                                      |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        | o. Well Name and N                                                                                                                                                                                                        | 8. Well Name and No.<br>TRIONYX 6 FED 10H                                         |  |
| Oil Well Gas Well Ot                                                                                 |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        | 2016                                                                                                                                                                                                                      | D 10H                                                                             |  |
| 2. Name of Operator Contact: MEGAN MORAVEC DEVON ENERGY PRODUCTION CO, E-Mail: megan.moravec@dvn.com |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        | 9. API Well No.<br>30-025-42476                                                                                                                                                                                           | 9. API Well No.<br>30-025-42476                                                   |  |
| 3a. Address<br>333 WEST SHERIDAN AVENUE<br>OKLAHOMA CITY, OK 73102                                   |                                                                                                                                                                                                                                                     | 3b. Phone No. (include a ea cod<br>Ph: 405-552-3622                                                                                                                                                                                                    | 10. Field and Pool, or Exploratory<br>WC-025 G-06 5253206M; BS                                                                                                                                                            |                                                                                   |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                               |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        | 11. County or Parish, and State                                                                                                                                                                                           |                                                                                   |  |
| Sec 6 T25S R32E SESW 200                                                                             | FSL 1350FWL                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                        | LEA COUNTY COUNTY, NM                                                                                                                                                                                                     |                                                                                   |  |
| 12. CHECK APPI                                                                                       | ROPRIATE BOX(ES) TO                                                                                                                                                                                                                                 | D INDICATE NATURE OF                                                                                                                                                                                                                                   | NOTICE, REPORT, OR OTH                                                                                                                                                                                                    | ER DATA                                                                           |  |
| TYPE OF SUBMISSION                                                                                   | TYPE OF ACTION                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                                                   |  |
| □ Notice of Intent                                                                                   | ☐ Acidize                                                                                                                                                                                                                                           | □ Deepen                                                                                                                                                                                                                                               | Production (Start/Resume) Water Shut-C                                                                                                                                                                                    |                                                                                   |  |
|                                                                                                      | ☐ Alter Casing                                                                                                                                                                                                                                      | ☐ Fracture Treat                                                                                                                                                                                                                                       | ■ Reclamation                                                                                                                                                                                                             | ■ Well Integrity                                                                  |  |
| Subsequent Report                                                                                    | □ Casing Repair                                                                                                                                                                                                                                     | ■ New Construction                                                                                                                                                                                                                                     | □ Recomplete                                                                                                                                                                                                              | Other                                                                             |  |
| ☐ Final Abandonment Notice                                                                           | ☐ Change Plans                                                                                                                                                                                                                                      | □ Plug and Abandon                                                                                                                                                                                                                                     | □ Temporarily Abandon                                                                                                                                                                                                     |                                                                                   |  |
|                                                                                                      | ☐ Convert to Injection                                                                                                                                                                                                                              | ☐ Plug Back                                                                                                                                                                                                                                            | ■ Water Disposal                                                                                                                                                                                                          |                                                                                   |  |
| Attach the Bond under which the wor                                                                  | ally or recomplete horizontally,<br>k will be performed or provide<br>operations. If the operation re-<br>bandonment Notices shall be fil-<br>inal inspection.)  T. TIH & ran CBL, found of<br>0581'-14884', total 576 head, 6.460,000# 30/50 Ottal | give subsurface locations and meas<br>the Bond No. on file with BLM/BL<br>sults in a multiple completion or rec<br>ed only after all requirements, inclu-<br>good TOC @ 3228'. TIH w/pu<br>oles. Frac'd 10581'-14884' in<br>awa Sand. ND frac, MIRU PL | ured and true vertical depths of all per A. Required subsequent reports shall to completion in a new interval, a Form 3 ding reclamation, have been completed ump through frac plug 16 stages. Frac J. NU BOP, DO plugs & | tinent markers and zones.<br>be filed within 30 days<br>160-4 shall be filed once |  |
|                                                                                                      |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                                                   |  |
|                                                                                                      |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                                                   |  |
|                                                                                                      |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                                                   |  |
|                                                                                                      |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                                                   |  |
|                                                                                                      |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                                                   |  |
|                                                                                                      |                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                           |                                                                                   |  |

Committed to AFMSS for processing by LINDA JIMENEZ on 09/03/2015/() Name(Printed/Typed) MEGAN MORAVEC Title REGULATORY ANALYST 09/02/20 ASCCEP (Electronic Submission) Signature THIS SPACE FOR FEDERAL OR STATE OFFICE USE FEB **2**016 Approved By Title Date BUREAU OF LAND MANAGE CARLSBAD FIELD OFFIC 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 \*

