

NMOCD Copy

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM 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.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM94186
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY		6. If Indian, Allottee or Tribe Name
3a. Address 333 WEST SHERIDAN AVENUE OKLAHOMA CITY, OK 73102		7. If Unit or CA/Agreement, Name and/or No. NMNM88526X
3b. Phone No. (include area code) Ph: 405-552-3622		8. Well Name and No. THISTLE UNIT 52H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 28 T23S R33E NENW 180FNL 1795FWL		9. API Well No. 30-025-41897
		10. Field and Pool, or Exploratory TRIPLE X; BONE SPRING
		11. County or Parish, and State LEA COUNTY 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<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 recompleate 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 recompleation 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.)

(10/17/14-10/20/14) Spud @ 06:30. TD 17-1/2? hole @ 1431?. RIH w/ 35 jts 13-3/8? 48# H-40 STC csg, set @ 1431?. Set DVT @ 368.2?. Lead w/ 1070 sx CIC, yld 1.87 cu ft/sk. Tail w/ 345 sx CIC, yld 1.34 cu ft/sk. Disp w/ 219 bbls FW. Circ 601 sx cmt to surf. PT all BOPE @ 250/3000 psi, OK. PT csg to 1211 psi for 30 min, OK.

(10/26/14-10/27/14) TD 12-1/4? hole @ 5222?. RIH w/ 21 jts 9-5/8? 40# HCK-55 BTC csg, followed by 103 jts 9-5/8? 40# J-55 BTC csg, set @ 5208?. Lead w/ 1440 sx CIC, yld 1.88 cu ft/sk. Tail w/ 430 sx CIC, yld 1.33 cu ft/sk. Disp w/ 390 bbls FW from frac tanks. Circ 149 sx cmt to surf. Release landing joint, install FMC pack off, PT to 3000 psi for 10 min, OK. PT csg to 2765 psi, OK.

(11/9/14-11/14/14) TD 8-3/4? hole @ 15720?. RIH w/ 110 jts 5-1/2? 17# HCP-110 csg, followed by 259 jts 7? 29# P-110 BTC csg, set @ 15720?. Lead w/ 595 sx CIC, yld 3.40 cu ft/sk. Tail w/ 1110 sx CIH,

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

Electronic Submission #280991 verified by the BLM Well Information System  
For DEVON ENERGY PRODUCTION COMPAN, sent to the Hobbs  
Committed to AFMSS for processing by LINDA JIMENEZ on 03/12/2015

Name (Printed/Typed) MEGAN MORAVEC

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 11/20/2014

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By

Title

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

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 \*\***

MAR 19 2015

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**Additional data for EC transaction #280991 that would not fit on the form**

**32. Additional remarks, continued**

yld 1.23 cu ft/sk. Disp w/ 511 bbls FW. RR @ 03:00.