Form 3160-5 (August 2007) UNITED STATES OCD Hobbs DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT 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.					FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010								
					5. Lease Serial No. NMNM113964 6. If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No.								
							 Type of Well Gas Well Other 					8. Well Name and No. COTTON DRAW 33-4 FEDERAL 1H	
							2. Name of Operator Contact: DENISE MENOU DEVON ENERGY PRODUCTION CO EPMail: Denise.Menoud@dvn.com					9. API Well No. 30-025-41263	
a. Address PO BOX 250 ARTESIA, NM 88211	3b. Phone No. (include area code) Ph: 575-746-5549BBS OCD			10. Field and Pool, or Exploratory PADUCA									
 Location of Well (Footage, Sec., T. Sec 33 T24S R32E NWNW 33 32.150032 N Lat, 103.663966 	NOV 3 0 2015			11. County or Parish, and State LEA COUNTY, NM									
12. CHECK APPE	ROPRIATE BOX(ES) TO) INDICATE	NATURE OF	NOTICE, RE	EPORT, OR OTHER	R DATA							
TYPE OF SUBMISSION	TYPE OF SUBMISSION TYPE OF ACTION					a state to							
 Notice of Intent Subsequent Report 	 Acidize Alter Casing Casing Repair 	_	pen ture Treat v Construction	 Producti Reclama Recomp 		Water Shut-Off Well Integrity							
Final Abandonment Notice	Final Abandonment Notice Change Plans				 Temporarily Abandon Water Disposal 								
THIS 2-WELL PAD LOCATIO #1H: 30-025-41263 (Listed a #2H: 30-025-41264 330 FNL &1345 FWL, NENW LAT: 32.180323 LONG: 103.683605	ED. ACRES	ACRES RECLAIMED copyed for Record Purposes. Approval Subject to Onsite Inspection. If BLM Objectives are not achieved, additional work may be required. Date: //-/8-/5 Signature: fames G. Group											
LONG. 103.083005			Sign	ature:	fames (i. Como							
For DEVON ENERGY PR Committed to AFMSS for proc			fied by the BLM Well Information System ICTION CO LP, sent to the Hobbs ing by LINDA JIMENEZ on 11/13/2015 () Title AUTHORIZED REPRESENTATIVE										
Name (Printed/Typed) DENISE N		Title AUTHORIZED REPR											
Signature (Electronic Submission)			Date 11/12/2015 RAL OR STATE OFFICE USE										
	THIS SPACE FO	JR FEDERA	L OR STATE	OFFICE U	55								
Approved By nditions of approval, if any, are attache rtify that the applicant holds legal or equ	not warrant or e subject lease	Title			Date R								
hich would entitle the applicant to condu- tle 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C. Section 1212, make it a				ake to any department or	agency of the United							
** OPERAT	FOR-SUBMITTED ** O	PERATOR		** OPERAT		** fr							

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