

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

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.

5. Lease Serial No.
NMNM97151

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other Instructions on page 2

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

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.
FLAGLER 8 FED 7H

2. Name of Operator

DEVON ENERGY PRODUCTION COMPANY

Contact: REBECCA DEAL

E-mail: Rebecca.Deal@devn.com

9. API Well No.

30-025-44988-00-X1

3a. Address

333 WEST SHERIDAN AVENUE
OKLAHOMA CITY, OK 73102

3b. Phone No. (include area code)

Ph: 405-228-8429

10. Field and Pool or Exploratory Area

WC025G09S253309A-UPR WOLFCAM

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 8 T25S R33E SESW 180FSL 2510FWL
32.138348 N Lat, 103.594727 W Lon

11. County or Parish, State

LEA COUNTY, NM

12. CHECK THE 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"/> Hydraulic Fracturing	<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 type="checkbox"/> Other
	<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 checked="" 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 recompleat 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

WATER PRODUCTION & DISPOSAL INFORMATION

1. Name(s) of formation(s) producing water on the lease:

2. Amount of water produced from all formations in barrels per day: 1230 BWPD ✓

4. How water is stored on lease: 3-750BBL water tanks ✓

5. How water is moved to the disposal facility: Piped ✓

6. Identify the Disposal Facility by:

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

Electronic Submission #469464 verified by the BLM Well Information System
For DEVON ENERGY PRODUCTION COMPAN, sent to the Hobbs
Committed to AFMSS for processing by PRISCILLA PEREZ on 06/18/2019 (19PP2243SE)

Name (Printed/Typed) REBECCA DEAL

Title REGULATORY COMPLIANCE PROFESSI

Signature (Electronic Submission)

Date 06/18/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Date

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 any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

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Additional data for EC transaction #469464 that would not fit on the form

32. Additional remarks, continued

- A. Facility Operators Name: A) Devon Energy B) Devon Energy
B. Facility or well name/number: A) Mesquite SWD B) Mesquite SWD
C. Type of Facility or well (WDW) (WIW): A) WDW B) WDW
D.1) Location by ? ? Section 8 Township 25S Range 33E ✓