Form3160-5		OCD Hobbs	1		
Form 3160-5 (August 2007)	OF UNITED STATES August 2007) FEB 2 8 2014 DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT			FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010 5. Lease Serial No.	
FEB 20 L BUF					
SUMBRY NOTICES AND REPORTS ON WELLS				NM 53239 6. If Indian, Allottee or Tribe Name	
Do not use this i	form for proposals to Use Form 3160-3 (AF	drill or to re-enter a	n ́		
SUBMIT IN TRIPLICATE – Other instructions on page 2.				7. If Unit of CA/Agreement, Name and/or No.	
Oil Well Gas Well Other				and No. ederal 1 🥢	
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP			9. API Well No 30-025-30627). 7 - /	
333 West Sheridan Avenue, Oklahoma City, OK 73102-5015		 b. Phone No. (include area co 05-552-4615 	· ·	10. Field and Pool or Exploratory Area CORBIN;QUEEN	
4. Location of Well (<i>Footage, Sec., T.,</i> 1750' FSL & 990' FEL; SEC 1-T18S-R32E	R.,M., or Survey Description)		11. Country or Parish, State Lea, NM		
12. CHEC	CK THE APPROPRIATE BOX	(ES) TO INDICATE NATUR	E OF NOTICE, REPORT OF	R OTHER DATA	
TYPE OF SUBMISSION		T	YPE OF ACTION		
Notice of Intent	Acidize	Deepen	Production (Start/Resu		
-	Alter Casing	Fracture Treat	Reclamation	Well Integrity Other	
✓ Subsequent Report	Change Plans	Plug and Abandon	Temporarily Abandon		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		
 1/29/14: MIRU plugging rig. POC Set CIBP @ 4,020'. Spot 25 sx C Spot 45 sx CI C cmt @ 3,015'. T Cut and pull 5-1/2" casing from 2 Spot 120 sx CI C cmt @ 967'. Ta Spot 35 sx CI C cmt from 115' to 2/17/14-Set ground level marker. 9# Mud circulated between plugs. Wellbore schemat attached 	I C cmt on top. (Calc PBD @ agged TOC @ 2,583'. (9-5// ,000'. Spot 60 sx CI C cmt (gged TOC @ 661'. Spot 25 surface. Wellbore plugged (3,770'. Open Queen perfs 3" shoe @ 2,965'. Salt base 2,060'. Tagged TOC @ sx CI C cmt @ 661'. (Calc but on 2/6/14.	e @ 2,690'). 1,830'.	900') RECLAMATION DUE <u>8-9-14</u>	
			Listiff	nted as to plugging of the well bore. Ity under bond is retained anth ce restoration is completed.	
 I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Ronnie Slack 		Title Operati	ons Technician		
Signature Ronnie &	Jack	Date 2	18 14		
Accepted for Rea	THIS SPACE F	OR FEDERAL OR ST	ATE OFFICE USE		
Approvedby James	a. Pro	Title	SEAS	Date 2-24-14	
onditions of approval if any, are attached hat the applicant holds legal or equitable the ntitle the applicant to conduct operations t	itle to those rights in the subject 1	ot warrant or certify ease which would Office	NFO		
itle 18 U.S.C Section 1001 and Title 43 ctitious or fraudulent statements or repre			and willfully to make to any dep	partment or agency of the United States any false	
Instructions on page 2)		M36/000 3	15/2014		

MSB/0CD	3/5	12014
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