Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-HOE	3B
OCD-HOE	B

FORM APPROVED OMB NO. 1004-0135

	OMB	NO.	1004-	·U13:
	Expire	es: Jul	y 31,	201
2002 Car	al Ma			

	Explies, July	
i.	Lease Serial No.	
	DOON FEMALANIA	

5. Lease Serial No.	
NMNM114990	

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an				NMNM114990		
abandoned well. Use form 3160-3 (APD) for such proposals.			6. If Indian, Allottee or Tribe Name			
SUBMIT IN TR	IPLICATE - Other instruction		a 2 2014	7. If Unit or CA/Agre	ement, Name and/or No.	
Type of Well Gas Well □ Ot	SEP	1 2 7 UT	8. Well Name and No FIGHTING OKRA	18 FED COM 1H		
Name of Operator DEVON ENERGY PRODUCT	Contact: TRI	NA C COUCH	ECEIVED	9. API Well No. 30-025-40382		
3a. Address DEVON ENERGY PRODUCT OKLAHOMA CITY, OK 7310	TION CO.LP 333 WEST SHE	. Phone No. (include area code RID ANS-228E/O2N.3 AHOMA		10. Field and Pool, or B102WILDCAT G06	Exploratory S263407P	
4. Location of Well (Footage, Sec., 7				11. County or Parish,	and State	
Sec 18 T26S R34E 2590FNL	330FWL			LEA COUNTY	COUNTY, NM	
12. CHECK APP	ROPRIATE BOX(ES) TO IN	DICATE NATURE OF 1	NOTICE, RI	EPORT, OR OTHE	R DATA	
TYPE OF SUBMISSION	·	ТҮРЕ О	F ACTION			
Notice of Intent ■	☐ Acidize	☐ Deepen	☐ Product	ion (Start/Resume)	☐ Water Shut-Off	
	☐ Alter Casing	☐ Fracture Treat	☐ Reclama	ation	Well Integrity	
☐ Subsequent Report	☐ Casing Repair	■ New Construction	☐ Recomp	lete	'⊠ Other	
☐ Final Abandonment Notice	☐ Change Plans ☐ Convert to Injection	☐ Plug and Abandon☐ Plug Back	☐ Tempor	arily Abandon	Change to Original A PD	
Devon Energy Production Corplan for the 5-1/2" production to confirm TOC. The CBL sho below the TOC. No pressure cand passed on the annulus affer Denise Menoud, the field Sundry IS I Thank you	string on the Fighting Okra 18 wed TOC to meet the condition changes were detected during ter the frac.	Fed Com 1H. A casing bons of approval, but show frac operations and an M	oond log was ed poor cem AIT was perfo	run ent bond ormed	ation	
14. I hereby certify that the foregoing is	Electronic Submission #2609	23 verified by the BLM Wel	II Information t to the Hobbs	System C	MED	
Name (Printed/Typed) TRINA C	COUCH	Title REGUL	ATORY ANA	ALYST	Kan	
Signature (Electronic S	ubmission)	Date 09/05/20	014			
^ A	THIS SPACE FOR F	EDERAL OR STATE	OFFICE US	SE		
Approved By	work	Title	DET		SEP 18 2014	
Conditions of approval, if any, are attached certify that the applicant holds legal or equ which would entitle the applicant to condu	itable title to those rights in the subje	varrant or ect lease Office	FO			
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 mal	ke 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 **

