

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.*5. Lease Serial No.
NMNM86154

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
DIAMONDTAIL 24 FEDERAL 19. API Well No.
30-025-3352110. Field and Pool, or Exploratory
DIAMONDTAIL; BONE SPRING11. County or Parish, and State
LEA COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other: INJECTION

2. Name of Operator

DEVON ENERGY CORPORATION

Contact: SANDRA D FARLEY

E-Mail: sandy.farley@dev.com

3a. Address

PO BOX 250
ARTESIA, NM 88211

3b. Phone No. (include area code)

Ph: 575-746-5587

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

Sec 24 T23S R32E

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 checked="" 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 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 shall 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 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.)

Regarding Letter of Violation dated April 16, 2015 for the failed annual IMIT

4/21/15

Rig down flowback, rig up slickline, set plug at 5873' in packer, bled to Zero PSI. Bled PSI from 385 PSI on tubing to Zero PSI. Casing bled from 265 PSI to Zero PSI. Both sides flowed back less than 1 BBL.

4/22/15

Made 4 trips to fish out with brush, unsuccessful.

4/23/15

Replaced bad joint of tubing and tested string to 5,000 PSI, good test. pumping 2% KCL with PRK

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

Electronic Submission #300067 verified by the BLM Well Information System
For DEVON ENERGY CORPORATION, sent to the Hobbs

Name (Printed/Typed) SANDRA D FARLEY

Title FIELD ADMIN SUPPORT

Signature (Electronic Submission)

Date 04/30/2015

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.

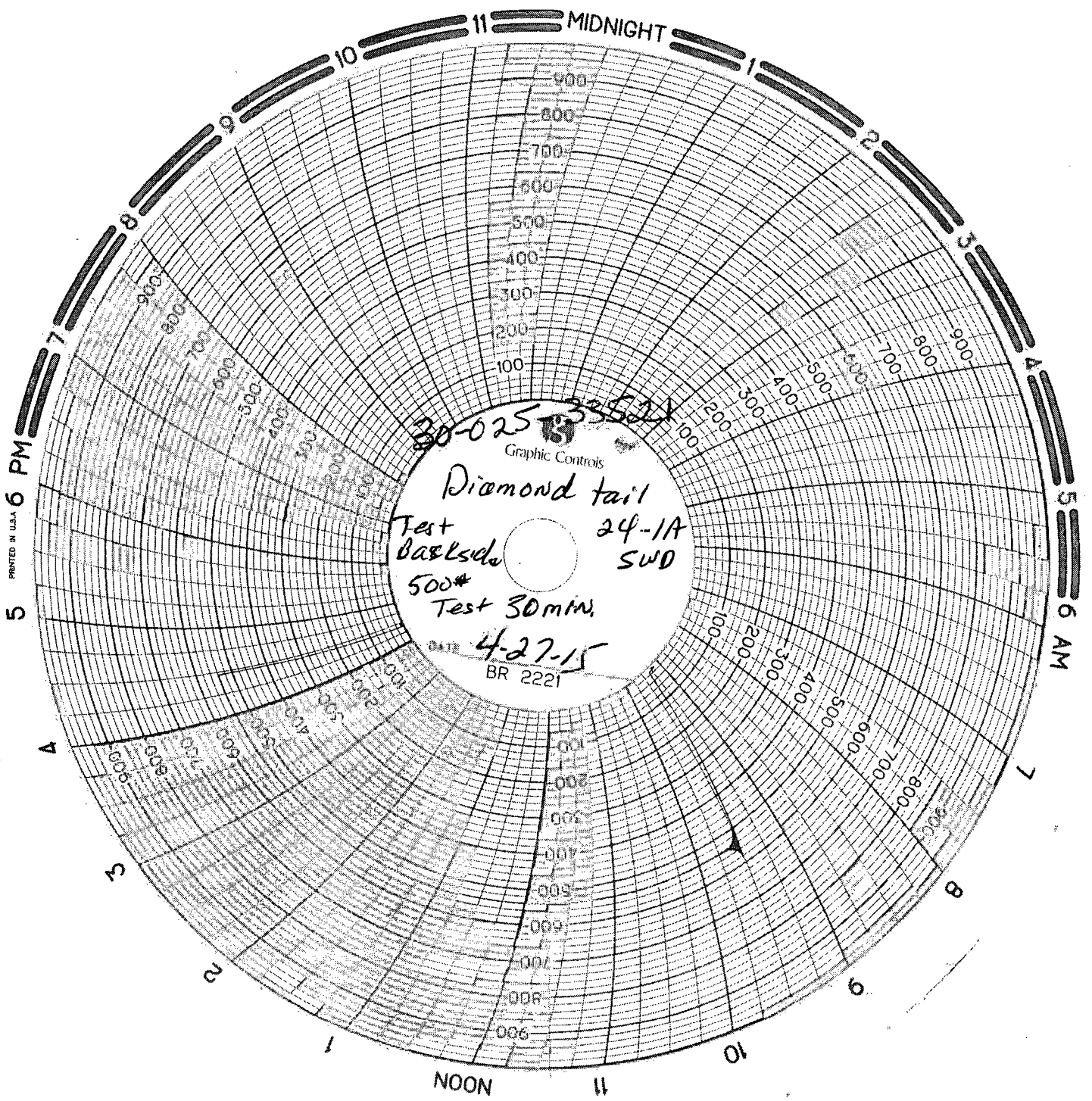
Office

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 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 ****
FOR RECORD ONLY

BS 5/5/15

MAY 08 2015



FOR RECORD ONLY

BS 5/5/2015

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