

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM 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.

NMOCDCopy

5. Lease Serial No.
NMNM113964

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.
COTTON DRAW 33 FED 2H

2. Name of Operator
DEVON ENERGY PRODUCTION COMPANY
Contact: MEGAN MORAVEC
megan.moravec@dvn.com

9. API Well No.
30-025-41264

3a. Address
333 WEST SHERIDAN AVENUE
OKLAHOMA CITY, OK 73102

3b. Phone No. (include area code)
Ph: 405-552-3622

10. Field and Pool, or Exploratory
PADUCA; DELAWARE; N.

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 33 T24S R32E NENW 330FNL 1345FWL

11. County or Parish, and State
LEA COUNTY COUNTY, NM

RECEIVED
MAY 19 2015

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Alter Casing
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> New Construction
	<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
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input checked="" type="checkbox"/> Other Drilling Operations

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 recomple 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 recomple 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.)

(11/22/14-11/25/14) Spud @ 19:00. TD 17-1/2? hole @ 900?. RIH w/ 21 jts 13-3/8? 48# H-40 BTC csg, set @ 900?. Lead w/ 840 sx C/C, yld 1.34 cu ft/sk. Disp w/ 135 bbls FW. Circ 150 sx cmt to surf. PT all BOPE @ 250/3000 psi, held each test for 10 min, OK. PT csg to 1211 psi for 30 min, OK.

(11/27/14-11/30/14) TD 12-1/4? hole @ 4650?. RIH w/ 103 jts 9-5/8? 40# HCK-55 BTC csg, set @ 4650?. Lead w/ 1120 sx C/C, yld 1.87 cu ft/sk. Tail w/ 430 sx C/C, yld 1.33 cu ft/sk. Disp w/ 348 bbls FW. Pump 400 sx C/C, yld 1.33 cu ft/sk. Circ 33 sx cmt to surf. PT all BOPE @ 250/3000 psi, held each test for 10 min, OK. PT csg to 1500 psi for 30 min, OK.

(12/8/14-12/12/14) TD 8-3/4? hole @ 12909?. RIH w/ 294 jts 5-1/2? 17# HCP-110 BTC csg, set @ 12909?. 1st stage lead w/ 695 sx C/C. Tail w/ 1340 sx C/C. Disp w/ 299 bbls FW. Drop DVT opening bomb; open DVT set @ 4918.3?. 2nd stage lead w/ 130 sx C/C, yld 2.75 cu ft/sk. Tail w/ 130 sx

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #286119 verified by the BLM Well Information System
For DEVON ENERGY PRODUCTION COMPANY, sent to the Hobbs
Committed to AFMSS for processing by LINDA JIMENEZ on 04/29/2015-()

Name (Printed/Typed) MEGAN MORAVEC
Title REGULATORY ANALYST
Signature (Electronic Submission)
Date 12/22/2014

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 _____

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD 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 **

MAY 19 2015