

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT~~ACD/HOBBS~~FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS** **HOBBS OGD**
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM113964
2. Name of Operator DEVON ENERGY PRODUCTION CO LP		6. If Indian, Allottee or Tribe Name
3a. Address 333 WEST SHERIDAN AVE OKLAHOMA CITY, OK 73102		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 405.552.6558		8. Well Name and No. PAINT 33 FED 1H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 33 T24S R32E SWSW 200FSL 1315FWL		9. API Well No. 30-025-42516-00-X1
		10. Field and Pool, or Exploratory WC-025 G06 S253206M
		11. County or Parish, and State LEA COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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.)

Devon drilled out the DV tool, cleaned out to PBTD, ran CBL. Following the CBL we ran a MIT to 8500 psi on the 5-1/2" production string and the test failed. We were able to determine that the DV tool at 5488'-5491' was leaking by isolating the DV tool with tubing and packer. Our plan to remediate is to run a 40' Saltel Industries 5-1/2" Expandable Steel Patch to seal the leak in the DV tool. Below is the planned procedure to remediate the leaking DV tool.

- 1) RIH with string mill and casing scraper to 5520'. Casing needs to be scraped and drifted from 5520' to 5450' in preparation to run casing patch.
- 2) RIH w/Saltel Industries Expandable Steel Patch and BHA to seal leaking DV tool. Once at depth (calculated per tally) Rig Up wireline and run CCL/GR to correlate the position. Set casing patch at 5475'-5515'. POOH stand back tubing.
- 3) Perform MIT to 8500 psi for 30 min, monitor and record annulus pressure at all times.

contact BLM with MIT fails.

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #311981 verified by the BLM Well Information System . For DEVON ENERGY PRODUCTION CO LP, sent to the Hobbs Committed to AFMSS for processing by JENNIFER SANCHEZ on 08/10/2015 (15JAS0094SE)	
Name (Printed/Typed) LINDA GOOD	Title REGULATORY COMPLIANCE SPECIALIST
Signature (Electronic Submission)	Date 08/07/2015

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.

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **

AUG 31 2015

Additional data for EC transaction #311981 that would not fit on the form

32. Additional remarks, continued

Chart attached.

