	UNITED STATES			FORM APPROVED OMB No. 1004-0137 Expires: October 31, 2014 5. Lease Serial No. NMNM94186 6. If Indian, Allottee or Tribe Name	
BUREAU OF LAND MANAGEMENT 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.			6. If Indian, Allotte		
SUBMIT IN TRIPLICATE – Other instructions on page 2.				7. If Unit of CA/Agreement, Name and/or No. THISTLE UNIT NM88526X	
I. Type of Well Gas Well Other				8. Well Name and No.	
			THISTLE U	THISTLE UNIT #52H	
2. Name of Operator Devon Energy Production Co LP				9. API Well No. 30-025-41897	
		3b. Phone No. (include area o		10. Field and Pool or Exploratory Area TRIPLEX: BONE SPRING	
PO BOX 250, ARTESIA, NM 88211         575-74           4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)         180 FNL & 1795 FWL, UNIT C, SEC 28, T23S, R33E		575-748-3371		11. County or Parish, State	
12. CHE	CK THE APPROPRIATE BO	X(ES) TO INDICATE NATUR	RE OF NOTICE, REPORT OR O	THER DATA	
TYPE OF SUBMISSION		Т	YPE OF ACTION		
Subsequent Report	Acidize	Deepen Fracture Treat New Construction	Production (Start/Resume Reclamation Recomplete	Water Shut-Off Well Integrity Other	
y subsequent Report	Change Plans	Plug and Abandon	Temporarily Abandon	Downsizing and	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	Battery Change	
the Thistle Unit 52H. Originally the APD stated the However, because that batter on the Thistle Unit #52H pad The wells currently routed or	battery for this well would be y could not handle the amou to handle half of those wells. planned to be routed to the S	a located at the Central Tank int of production coming to it Sec 28 battery in the near fu	erim Reclamation Diagram in the Battery in Section 22, Townslip from the Thistle wells, a secondure are: Thistle Unit 51H, 52H se see diagram attached). The	nip 23S, Range 33E. nd battery was constructed 4, 53H, 59H, 60H, & 54H.	
14. I hereby certify that the foregoing i	s true and correct. Name (Printed	d/Typed)	18 La		
Denise Menoud (575-746-5544)		Title Admin	Title Admin Field Support		
Signature Denie Menoud		Date 10/28/	Date 10/28/2015		
	THIS SPACE	FOR FEDERAL OR S	TATE OFFICE USE		
Approved by				Ka	
Conditions of approval, if any, are attact that the applicant holds legal or equitable entitle the applicant to conduct operation	e title to those rights in the subject			Date	
Title 18 U.S.C. Section 1001 and Title fictitious or fraudulent statements or re			and willfully to make to any depart	ment or agency of the United States any false	
(Instructions on page 2)		1			

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