

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.  
NMNM92781

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**7. If Unit or CA/Agreement, Name and/or No.  
NMNM94480X

## 1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.  
GAUCHO UNIT 12H

## 2. Name of Operator

DEVON ENERGY PRODUCTION CO

Contact: DENISE MENOUD

Email: Denise.Menoud@devn.com

9. API Well No.  
30-025-41564

## 3a. Address

PO BOX 250  
ARTESIA, NM 88211

## 3b. Phone No. (include area code)

Ph: 575-746-5544

10. Field and Pool, or Exploratory  
WC-025 G06 S223421L

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

Sec 20 T22S R34E NENE 275FNL 575FEL  
32.384037 N Lat, 103.485374 W Lon

## 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 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 checked="" type="checkbox"/> Reclamation	<input 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.)

THIS 2-WELL LOCATION HAS BEEN DOWNSIZED. ACRES RECLAIMED = 1.5783.

12H: LISTED ABOVE

13H: 30-025-41565  
225 FNL & 575 FEL, A-20-22S-34E  
LAT: 32.3841743  
LONG: -103.4853745 NAD83

Accepted for Record Purposes.  
Approval Subject to Onsite Inspection.  
If BLM Objectives are not achieved,  
additional work may be required.

Date:

Signature:

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

Electronic Submission #324518 verified by the BLM Well Information System  
For DEVON ENERGY PRODUCTION CO LP, sent to the Hobbs  
Committed to AFMSS for processing by LINDA JIMENEZ on 12/01/2015 ()

Name (Printed/Typed) DENISE MENOUD

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 11/24/2015

## 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 \*\*

Accepted for Record Only

MAR/0CD 12/21/2015

DEC 23  
22 2015

JW

Additional data for EC transaction #324518 that would not fit on the form

32. Additional remarks, continued