

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNMOCD
HobbsFORM 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.***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. NMNM94186
2. Name of Operator DEVON ENERGY PRODUCTION CO EMail: david.cook@dvn.com		6. If Indian, Allottee or Tribe Name
3a. Address 333 WEST SHERIDAN AVE OKLAHOMA CITY, OK 73102	3b. Phone No. (include area code) Ph: 405-552-7848	7. If Unit or CA/Agreement, Name and/or No. NMNM88526X
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 28 T23S R33E NENW 180FNL 1795FWL 32.282459 N Lat, 103.577287 W Lon		8. Well Name and No. THISTLE UNIT 52H
		9. API Well No. 30-025-41897-00-S1
		10. Field and Pool, or Exploratory TRIPLE X
		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 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 checked="" 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 tied on to the 7"X 9-5/8" annulus on the subject well on the morning of December 17, 2014 in an attempt to establish an injection rate. We pumped < 1 bbl into the annulus before it pressured up to 1,000psi where it was holding steady psi. Devon respectfully requests to forgo the planned Bradenhead squeeze and monitor the annulus instead as below.

1. Conduct a Mechanical Integrity Test of the 9-5/8" x 7" casing annulus.
2. Make arrangements 24 hours before the test for BLM to Witness. E-mail Paul R. Swartz pswartz@blm.gov or phone 575-200-7902, if there is no response, 575-361-2822. If no answer leave a voice mail or email with the API#, workover purpose, and a call back phone number.
3. The minimum test pressure should be 500 psig for 30 minutes or 300 psig for 60 minutes, with minimum 200 psig differential between the 5-1/2" and 9-5/8" casing pressures (at test time) but no

notify BLM of any pressure changes

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

Electronic Submission #285437 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 08/26/2015 (15LJ1757SE)

Name (Printed/Typed) DAVID H COOK	Title REGULATORY SPECIALIST
Signature (Electronic Submission)	Date 12/17/2014

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 _____		

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 ****

APR 28 2016

Additional data for EC transaction #285437 that would not fit on the form

32. Additional remarks, continued

more than 70% of casing burst pressure as described by Onshore Order 2.III.B.1.h. (The production casing pressure may need to be reduced).

4. Document the pressure test on a one hour full rotation calibrated recorder chart registering within 30 to 85 per cent of its full range. Greater than 10% pressure leakoff will be viewed as a failed MIT. Less than 10% pressure leakoff will be evaluated site specifically. Place psi test documents in well file and send copy to the Engineer (P.J. Edsall-p.j.edsall@dnv.com)

5. Within 30 days after start of production Devon will get with the BLM (Paul R. Swartz; pswartz@blm.gov, cell phone 575-200-7902) to install a monitoring system on the 9-5/8" x 7" casing annulus. Note: a pressure gage system will not be approved.