| Form 3160-5   | UNITED STATES   | S            |                                     |                             | FORM  | APPROVED             |  |
|---|---|--------------|-------------------------------------|-----------------------------|---|----------------------|--|
| (June 2015) DE  | OMB NO. 1004-0137<br>Expires: January 31, 2018          |              |                                     |                             |   |                      |  |
| SUNDRY  | 5. Lease Serial No.<br>NMNM63994                        |              |                                     |                             |   |                      |  |
| Do not use thi<br>abandoned we  | 6. If Indian, Allottee or Tribe Name                    |              |                                     |                             |   |                      |  |
| SUBMIT IN T   | 7. If Unit or CA/Agreement, Name and/or No.             |              |                                     |                             |   |                      |  |
| 1. Type of Well<br>☑ Oil Well □ Gas Well □ Oth  | 8. Well Name and No.<br>STRAY CAT 8 FED COM 1H          |              |                                     |                             |   |                      |  |
| 2. Name of Operator<br>DEVON ENERGY PROD CO   | 9. API Well No.<br>30-025-42982                         |              |                                     |                             |   |                      |  |
| 3a. Address<br>333 W. SHERIDAN AVE<br>OKLAHOMA CITY, OK 73102   | 2   |              | No. (include area code)<br>693-9277 |                             | 10. Field and Pool or Exploratory Area<br>LIVINGSTON RIDGE;BONESPRI |                      |  |
| 4. Location of Well (Footage, Sec., 7   | ()  |              |                                     | 11. County or Parish, State |   |                      |  |
| Sec 8 T23S R32E Mer NMP S   |   |              | LEA COUNTY, NM                      |                             |   |                      |  |
| 12. CHECK THE AI  | PPROPRIATE BOX(ES)                                      | TO INDIC     | CATE NATURE O                       | F NOTICE,                   | REPORT, OR OTH  | IER DATA             |  |
| TYPE OF SUBMISSION  |   |              | F ACTION                            |                             |   |                      |  |
| Notice of Intent  | C Acidize   |              | eepen                               | -                           | tion (Start/Resume)   | UWater Shut-Off      |  |
| Subsequent Report   | □ Alter Casing  |              | ydraulic Fracturing                 | Reclam                      |   | Well Integrity       |  |
| Final Abandonment Notice  | <ul> <li>Casing Repair</li> <li>Change Plans</li> </ul> | _            | ew Construction<br>lug and Abandon  | Recomp                      | rarily Abandon  | Other                |  |
|   | Convert to Injection                                    |              | lug Back                            | U Water I                   |   |                      |  |
| 9/18/2016-10/21/2016: MIRU<br>frac plug and guns. Perf Bone<br>frac, MIRU PU, NU BOP, DO<br>tbg, set @10029'. TOP.<br>Attached: as drilled plat | e Spring, 10602'-14987',F                               | rac totals 4 | 494 acid # 697000                   | 0 lbs prop.                 | ND  |                      |  |
|   |   |              |                                     |                             |   |                      |  |
|   |   |              |                                     | 0                           | 1   |                      |  |
| 14. I hereby certify that the foregoing is  | true and correct  |              |                                     |                             | <del>/   </del>   |                      |  |
|   | Electronic Submission #                                 | NERGY PR     | ODICOLP. sent to t                  | the Hobbs                   |   | /                    |  |
| Name (Printed/Typed) CHANCE   | BLAND   |              | Title AUTHO                         | RIZED REF                   | RESENTATIVE   |                      |  |
| Signature (Electronic S   | Submission)   |              | Date 1/30/2                         | CEPTED                      | FOR RECOR   |                      |  |
|   | THIS SPACE FO   | OR FEDE      | RAL OR STATE                        | OFFICE U                    | SE 2017   |                      |  |
| Approved By   |   |              | Title                               | MENT                        | V/ON  | Dat                  |  |
| Conditions of approval, if any, are attache<br>certify that the applicant holds legal or equivilent would entitle the applicant to condu        | uitable title to those rights in the                    |              | · ·                                 | CARLSBA                     | AND MANASEMENT  |                      |  |
| Title 18 U.S.C. Section 1001 and Title 43<br>States any false, fictitious or fraudulent   |   |              |                                     |                             | ake to any department or  | agency of the United |  |
| (Instructions on page 2) <b>** OPERA</b>  | FOR-SUBMITTED ** O                                      | PERATO       |                                     | * OPERAT                    | OR-SUBMITTED  | ** 1 /2              |  |
|   |   |              | (/                                  |                             |   |                      |  |
|   |   |              | 0                                   |                             |   | ,                    |  |

District.1 1625 N. French Dr., Hobbs, NM 88240 Phone; (575) 393-6161 Fax; (575) 393-6720 District.11 811 S. First St., Artesia, NM 88210 Phone; (575) 748-1283 Fax; (575) 748-9720 District.111 1000 Rio Brazos Road, Aztec, NM 87410 Phone; (505) 334-6178 Fax; (505) 334-6170 District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3460 Fax: (505) 476-3462 State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-102 Revised August 1, 2011 Submit one copy to appropriate District Office

AMENDED REPORT

MAR 1 5 2017

|   |             | W  | ELL LO              | CATIO                      | N AND AC                | REAGE DEDI             | CATION PL     | AT                       |    |        |  |  |
|---|-------------|--|---------------------|----------------------------|-------------------------|------------------------|---------------|--------------------------|----|--------|--|--|
| <sup>1</sup> API Number <sup>2</sup> Pool Code  |             |  |                     |                            | · /                     | <sup>3</sup> Pool Name |               |                          |    |        |  |  |
| 30-02   | 2           |  | 53800               |                            | Sand Dunes; Bone Spring |                        |               |                          |    |        |  |  |
| <sup>4</sup> Property                           | Code        |  |                     | <sup>5</sup> Property Name |                         |                        |               | <sup>6</sup> Well Number |    |        |  |  |
| 30884   |             |  | STRAY CAT 8 FED COM |                            |                         |                        |               |                          | 1H |        |  |  |
| OGRID   | No.         | <sup>8</sup> Operator Name                   |                     |                            |                         |                        |               | <sup>°</sup> Elevation   |    |        |  |  |
| 6137  |             | <b>DEVON ENERGY PRODUCTION COMPANY, L.P.</b> |                     |                            |                         |                        |               | 3592.9                   |    |        |  |  |
| Surface Location                                |             |  |                     |                            |                         |                        |               |                          |    |        |  |  |
| UL or lot no.                                   | Section     | Township                                     | Range               | Lot Idn                    | Feet from the           | North/South line       | Feet from the | East/West line           |    | County |  |  |
| M   | 8           | 23 S   | 32 E                |                            | 211                     | SOUTH                  | 660           | WEST                     |    | LEA    |  |  |
| "Bottom Hole Location If Different From Surface |             |  |                     |                            |                         |                        |               |                          |    |        |  |  |
| UL or lot no.                                   | Section     | Township                                     | Range               | Lot Idn                    | Feet from the           | North/South line       | Feet from the | East/West line           |    | County |  |  |
| D   | 8           | 23 S   | 32 E                |                            | 50                      | North                  | 408           | WEST                     |    | LEA    |  |  |
| Dedicated Acres                                 | 13 Joint on | Infill "Co                                   | onsolidation        | Code 15 Or                 | der No.                 |                        |               |                          |    | *      |  |  |
| 160 ac  |             |  |                     |                            |                         |                        |               |                          |    |        |  |  |

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

