

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**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 page 2**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM95642
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY		6. If Indian, Allottee or Tribe Name
3a. Address 6488 SEVEN RIVERS HIGHWAY ARTESIA, NM 88211		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 575-748-1864		8. Well Name and No. TOMCAT 15 FEDERAL 03
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 15 T23S R32E NWNW 660FNL 660FWL		9. API Well No. 30-025-35524-00-S1
		10. Field and Pool or Exploratory Area DIAMONDTAIL-DELAWARE
		11. County or Parish, State LEA COUNTY, NM

12. CHECK THE 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"/> Hydraulic Fracturing	<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 recomple 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomple in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

In response to Notification of UIC Testing Letter for District 1 received in January 2017
Bradenhead test for Tomcat 15 Federal 3; API 30-025-35524 was completed on February 1, 2017 and was
witnessed by George Bower; OCD Field Inspector.
Bradenhead Test Report attached.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #366032 verified by the BLM Well Information System For DEVON ENERGY PRODUCTION COM LP, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 02/06/2017 (17PP0214SE)	
Name (Printed/Typed) SARAH M GALLEGOS	Title FIELD ADMIN SUPPORT
Signature (Electronic Submission)	Date 02/06/2017
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved By _____	Title _____
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.	

(Instructions on page 2)

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

Accepted for Record Only

MSB/OCD 4/17/2017

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name Devon	API Number 30-025-35524
Property Name Tomcat 15 Fed	Well No. 3

2. Surface Location

UL - Lot D	Section 15	Township 23S	Range 32E	Feet from 660	N/S Line N	Feet From 660	E/W Line W	County Lea
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Well Status

TA'D WELL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJ INJ <input type="checkbox"/> SWD <input checked="" type="checkbox"/>	PRODUCER OIL <input type="checkbox"/> GAS <input type="checkbox"/>	DATE 2/1/17
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	0	—	—	0	1131
Flow Characteristics					
Puff	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	CO2 <input type="checkbox"/>
Steady Flow	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	WTR <input type="checkbox"/>
Surges	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	GAS <input type="checkbox"/>
Down to nothing	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	
Water	Y/N <input checked="" type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input type="checkbox"/>	Y/N <input checked="" type="checkbox"/>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: 2/1/17	Phone:
Witness: [Signature]	

INSTRUCTIONS ON BACK OF THIS FORM