

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNMOCD
HobbsFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018SUNDAY 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. NMNM116575
2. Name of Operator DEVON ENERGY PROD CO., L.P. Contact: LINDA GOOD E-Mail: linda.good@dnv.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: 405-552-6558	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 20 T24S R32E Mer NMP NENW 250FNL 1930FWL		8. Well Name and No. REBEL 20 FED 2H
		9. API Well No. 30-025-42993
		10. Field and Pool or Exploratory Area PADUCA; DELAWARE, NORTH
		11. County or Parish, State EDDY 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 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 Drilling Operations
	<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 recompleate 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 recompleation 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.

4/25/17 - 4/28/17: Spud @ 13.36. TD 17-1/2" hole @ 950'. RIH w/109 jts 13-3/8" 54.5# J-55 BTC csg, set @ 939'. Lead w/1040 sx Clc, yld 1.34, 14.80 cu ft/sk. Circ 335 sx cmt to surf. Test BOPE 250/3000 psi, held for 10 mins, ok. Test csg to 1500 psi for 30 min, test good.

4/29/17 - 5/2/17: TD 12-1/4" hole @ 4625'. RIH w/109 jts 9-5/8" 40# J-55 BTC csg, set @ 4606'. Lead w/960 sx Clc, yld 1.91, 12.90 cu ft/sk. Tail w/430 sx Clc, yld 1.33, 14.80 cu ft/sk. Disp w/347 bbls FW. Circ 314 sx cmt to surf. Test BOPE 250/3000 psi, held for 10 mins, ok. Test csg to 2800 psi for 30 min, test good.

5/3/17 - 5/11/17: TD 8-1/2" hole @ 8687' & 8-1/2" hole @ 12,944'. RIH w/297 jts 5-1/2" P110RY CDC-HTQ csg, set @ 12,944'. Lead w/535 sx cmt, yld 2.91, 11.00 cu ft/sk. Tail w/885 sx cmt, yld 1.46, 13.20 cu ft/sk. ETOC @ 2356'. RR @ 05:00.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #377025 verified by the BLM Well Information System For DEVON ENERGY PROD CO., L.P., sent to the Hobbs Committed to AFMSS for processing by DEBORAH MCKINNEY on 05/24/2017 ()	
Name (Printed/Typed) LINDA GOOD	Title REGULATORY SPECIALIST
Signature (Electronic Submission)	Date 05/23/2017

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)

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **