| Form 3160-5 (June 2015)  OPENAT FMENT OF THE INTERIOR  |   |  |  | FORM APPROVED<br>OMB NO. 1004-0137<br>Expires; January 31, 2018                       |  |
|--|---|--|--|---|--|
| B. B   | UREAU OF LAND MANA  | V. San H. Calebrate M. Calebrate   | priek  | Office Control  | 10ary 31, 2018   |
| Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.  |   |  |  | Allottee or   | Tribe Name   |
| SUBMIT IN TRIPLICATE - Other instructions on page 20BBS OCD  |   |  |  | 7. If Unit or CA/Agreement, Name and/or No.<br>NMNM137151                             |  |
| Type of Well     ☐ Gas Well ☐ Oth  |   |  | 8. Well Name and No.<br>MORAB 29-20 FE                     | D COM 3H  |  |
| 2. Name of Operator DEVON ENERGY PRODUCT   | LINDA GOOD M  |  |  | )-X1  |  |
| 3a. Address P O BOX 250 ARTESIA, NM 88201  | 3b. Phone No. (include treatment VED) Ph: 405.552.6558  |  | 10. Field and Pool or Exploratory Area PADUCA              |   |  |
| 4. Location of Well (Footage, Sec., T  |   |  | 11. County or Parish, State                                |   |  |
| Sec 29 T25S R32E SWNE 23<br>32.101864 N Lat, 103.697174  |   | 1  |  | LEA COUNTY, NM  |  |
| 12. CHECK THE AI   | PPROPRIATE BOX(ES)  | TO INDICATE NATURE   | OF NOTICE,   | REPORT, OR OTH  | ER DATA  |
| TYPE OF SUBMISSION   | TYPE OF ACTION  |  |  |   |  |
| ☐ Notice of Intent   | ☐ Acidize   | Deepen Deepen  | ☐ Product  | ion (Start/Resume)  | ☐ Water Shut-Off   |
| _  | ☐ Alter Casing  | ☐ Hydraulic Fracturing   | g 🔲 Reclama  | ation   | ■ Well Integrity   |
| Subsequent Report  | □ Casing Repair   | ■ New Construction   | □ Recomp   | olete   | ☐ Other  |
| ☐ Final Abandonment Notice   | ☐ Change Plans  | □ Plug and Abandon   | □ Tempor   | arily Abandon   |  |
|  | ☐ Convert to Injection  | ☐ Plug Back  | 🛮 Water D  | Disposal  |  |
| 13. Describe Proposed or Completed Oplif the proposal is to deepen direction: Attach the Bond under which the worfollowing completion of the involved testing has been completed. Final Aldetermined that the site is ready for  | ally or recomplete horizontally,<br>it will be performed or provide<br>loperations. If the operation re<br>pandonment Notices must be fil<br>inal inspection. | give subsurface locations and mea<br>the Bond No. on file with BLM/B<br>sults in a multiple completion or re | sured and true ve<br>IA. Required sul<br>completion in a r | ertical depths of all pertine<br>bequent reports must be<br>new interval, a Form 3160 | ent markers and zones.<br>filed within 30 days<br>0-4 must be filed once |
| Site Name: Morab 29-20 Fed   | Com 3H  |  |  |   |  |
| 1. Name(s) of formation(s) pro   | _   |  |  |   |  |
| Amount of water produced     How water is stored on least  |   |  | ay   |   |  |
| 5. How water is moved to the   |   |  |  |   |  |
| 6. Identify the Disposal Facility  |   |  |  |   |  |
| o. Identity the Disposar Facility  | y by.   |  |  |   |  |
| 14. I hereby certify that the foregoing is   | true and correct.   | 446293 verified by the BLM W   | ell Information  | n System  |  |
| Comm   | For DEVON ENER  | GY PRODUCTION COM LP, s<br>sing by DEBORAH MCKINNE   | ent to the Hob   | bs  |  |
| Name (Printed/Typed) LINDA GO  | * *   | · · · · · · · · · · · · · · · · · · ·  |  |   |  |
|  |   |  |  |   |  |
| Signature (Electronic S  | <del></del>   | Date 12/04   |  | <br>SE  |  |
| Approved By ACCEPT   |   | DEBORA   | AH MCKINNE   | Y   |  |
|  | <del> </del>  | NOIKUMENI  | S EXAMINER   | Date 10/10/2018   |  |
| Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent would entitle the applicant to conduct the applicant the applicant to conduct the applicant the applicant to conduct the applicant th | uitable title to those rights in the  | e subject lease Office Hobbs   |  |   |  |
| Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent   | U.S.C. Section 1212, make it a  | crime for any person knowingly as  | nd willfully to man  | ake to any department or  | agency of the United   |

## Additional data for EC transaction #446293 that would not fit on the form

## 32. Additional remarks, continued

- A. Facility Operators Name: a) Devon Energy b) Devon Energy
- B. Facility or well name/number: a) Cotton Draw Unit SWD 181 b) Cotton Draw 32 State SWD 2
- C. Type of Facility or well (WDW) (WIW): a) WDW b) WDW
- D.1) Location by 1/4 1/4 SE/4 NE/4 Section 36 Township 24S Range 31E
- D.2) Location by 1/4 1/4 SE/4 SE/4 Section 32 Township 24S Range 32E