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Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

OCD Habbe

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

5. Lease Serial No. NMNM114988

6. If Indian, Allottee or Tribe Name

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SUNDRY NO Do not use this				
abandoned well.	Use form	3160-3 (AF	D) for suc	h proposals

SUBMIT IN 1	RIPLICATE - Other Inst	tructions on	HOBB		7. If Unit or CA/Agreen	nent, Name and/or No.	
1. Type of Well					8. Well Name and No.		
☐ Gas Well ☐ Other					SEAWOLF 1-12 FED 82H		
Name of Operator DEVON ENERGY PRODUCT	Contact: ION CONTRAM: Sheila.Fish			1 2013	9. API Well No. 30-025-43763-00)-S1	
3a. Address 333 WEST SHERIDAN AVENUE OKLAHOMA CITY, OK 73102 3b. Phone No. (included to be					10. Field and Pool or Exploratory Area WC025G09S253336D-UPPER WC		
4. Location of Well (Footage, Sec., T.					11. County or Parish, State		
Sec 1 T26S R33E NWNW 200FNL 390FWL 32.079185 N Lat, 103.533333 W Lon					LEA COUNTY, N	IM	
12. CHECK THE AP	PROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	REPORT, OR OTH	ER DATA	
TYPE OF SUBMISSION			TYPE OF	ACTION			
□ Notice of Intent	☐ Acidize	☐ Deep	en	☐ Product	ion (Start/Resume)	☐ Water Shut-Off	
_	☐ Alter Casing	☐ Hyd	aulic Fracturing	□ Reclam	ation	■ Well Integrity	
Subsequent Report ■	Casing Repair	□ New	Construction	□ Recomp	olete	Other	
☐ Final Abandonment Notice	□ Change Plans	Plug	and Abandon	□ Tempor	arily Abandon	Site Facility Diagra m/Security Plan	
	☐ Convert to Injection	Plug	Back	☐ Water I	Disposal		
Attach the Bond under which the wor following completion of the involved testing has been completed. Final Ab determined that the site is ready for fi Production method change fro Attached is the gas lift diagram	operations. If the operation re andonment Notices must be fil nal inspection. In flowing to gas lift. In and updated CTB site of	sults in a multipl led only after all i	completion or reco	mpletion in a	ACCEPTED AUG BUREAU OF LA	-4 must be filed once	
14. I hereby certify that the foregoing is	Electronic Submission # For DEVON ENERG mitted to AFMSS for processing the control of the contro	SY PRODUCT(ON COMPAN, sei	nt to the Hot	bs		
Name (Printed/Typed) SHEILA FI				DMIN SUP	•		
Signature (Electronic S	ubmission) THIS SPACE FO	OR FEDERA	Date 08/01/20		SE		
				·······	 		
Approved By			Title			Date	
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to condu	itable title to those rights in the		Office		:		
Fitle 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s				willfully to ma	ake to any department or a	gency of the United	

(Instructions on page 2)
*** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **





