

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Operator

FORM 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**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC061863A
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY		6. If Indian, Allottee or Tribe Name
3a. Address 333 WEST SHERIDAN AVENUE OKLAHOMA CITY, OK 73102		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 405-552-6560		8. Well Name and No. LIPPIZZAN 4 FED 2H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 33 T24S R32E SESW 170FSL 2190FWL 32.167183 N Lat, 103.681046 W Lon		9. API Well No. 30-025-45838-00-X1
		10. Field and Pool or Exploratory Area WILDCAT
		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 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 checked="" 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 recompleat 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 recompleat 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.

Site Name: Lippizzan 4 Fed 2H

1. Name(s) of formation(s) producing water on the lease: WC-025 G-06 S253206M; Bone Spring

2. Amount of water produced from all formations in barrels per day: 2300bbls

4. How water is stored on lease: 2-500 bbls produced water tanks at the Lippizzan 4 Battery

14. I hereby certify that the foregoing is true and correct. Electronic Submission #494411 verified by the BLM Well Information System For DEVON ENERGY PRODUCTION COMPAN, sent to the Hobbs Committed to AFMSS for processing by DEBORAH MCKINNEY on 12/04/2019 (20DLM0113SE)	
Name (Printed/Typed) JENNIFER HARMS	Title REGULATORY COMPLIANCE ANALYST
Signature (Electronic Submission)	Date 12/04/2019
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
DEC 4 2019	
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 ****

Additional data for EC transaction #494411 that would not fit on the form

32. Additional remarks, continued

5. How water is moved to the disposal facility: piped ✓

6. Identify the Disposal Facility by:

A. Facility Operators Name: a) Devon Energy b) Devon Energy ✓

B. Facility or well name/number: a) Cotton Draw Unit SWD
181 API:30-015-41649 ✓

b) Cotton Draw Unit 89 API#: 30-015-31381

C. Type of Facility or well (WDW) (WIW): a) WDW b) WDW ✓

D.1) Location by: SE/4 NE/4 Section 36 Township 24S Range 31E

D.2) Location by: SW/4 SE/4 Section 3 Township 25S Range 31E