

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
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 (APL) for such proposals

OCD Artesia

FORM APPROVED
OMB NO. 1004-0135
EXPIRES: March 31, 2007

SUBMIT IN TRIPLICATE

1a. Type of Well ☒ Oil Well ☐ Gas Well ☐ Other _____

2. Name of Operator
DEVON ENERGY PRODUCTION COMPANY, LP

3. Address and Telephone No.
20 N. Broadway, Oklahoma City, Ok 73102-8260 405-235-3611

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
200 FSL 1600 FWL N SEC 2 T25S R31E
BHL: 2600 FSL & 986 FWL L SEC 35 T24S R31E

5. Lease Serial No.
NMNM 36379; K 4562

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

8. Well Name and No.
Cotton Draw Unit 135H

9. API Well No.
30-015-38533

10. Field and Pool, or Exploratory
Paduca; Bone Spring

11. County or Parish State
Eddy NM

12. CHECK 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"/> Fracture Treat	<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 <u>Drilling Operations</u>
	<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 Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work and approximate duration thereof. If the proposal deepens directionally or recompletes horizontally, give subsurface location 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirement, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection)

4/2/11 - MIRU Spud well. TD 17 1/2" hole @ 707'.
4/3/11 - RIH w/ 17 jts 13 3/8" 48# H-40 & set @ 707'. RU BJ lead w/ 420 sx CI C, Yld 1.75 cf/sx. Tail w/ 250 sx CI C, Yld 1.35 cf/sx. Circ 238 sx cmt. WOC. Rlse Ashton rig @ 6:00.
7/30/11 - NU BOP. PT, BOP, choke manifold & floor valves to 3000 psi H, 250 psi L, good. Test csg 1210 psi, good.
8/3/11 - TD 12 1/4" hole @ 4284'. RIH w/ 96 jts 9 5/8" 40# J55 LTC csg & set @ 4284'.
8/4/11 - RU BJ lead w/ 910 sx 35:65 POZ CI C, Yld 2.04 cf/sx. Tail w/ 300 sx 60:40 POZ CI C, Yld 1.38 cf/sx. Circ 363 sx cmt. RD BJ. WOC. Test csg to 1500 psi, 30 mins, ok. ETOC 1639'.
8/6/11 - Perform FIT to 9 ppg EMW held 133 psi, 30 min, good. DV @ 5995'.
8/23/11 - TD 8 3/4" hole @ 16,519'. RIH w/ 179 jts 20# P110 LTC csg and 207 jts BTC csg & set @ 16,519'. RU BJ 1st stage: lead w/ 425 sx CI C, Yld 2.01 cf/sx. Tail w/ 2100 sx CI C, Yld 1.26 cf/sx. 2nd stage: lead w/ 300 sx CI C, Yld 2.89 cf/sx and tail w/ 200 sx CI C, Yld 1.37 cf/sx. *5 1/2" csg*

14. I hereby certify that the foregoing is true and correct

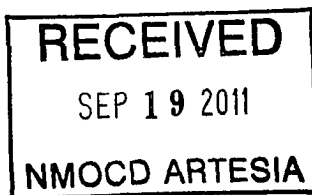
Signed *Judy A. Barnett* Name Judy A. Barnett X8699 Title Regulatory Specialist Date 9/2/2011

(This space for Federal or State Office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any

This is a false statement, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations to any matter within its jurisdiction

*See Instruction on Reverse Side



Accepted for record - NMOCD
DS 10-4-11

