

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

**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 reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM0560295
2. Name of Operator DEVON ENERGY PRODUCTION CO., LP Contact: TRINA C COUCH E-Mail: TRINA.COUCH@DVN.COM		6. If Indian, Allottee or Tribe Name
3a. Address DEVON ENERGY PRODUCTION CO., LP 333 WEST SHERRILL AVENUE OKLAHOMA CITY, OK 73102-5015	3b. Phone No. (include area code) 918-283-2000	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 3 T21S R27E 3175FNL 50FEL		8. Well Name and No. BURTON FLAT DEEP UNIT 55H
10. Field and Pool, or Exploratory WELLS; BONE SPRING, EAST		9. API Well No. 30-015-40682
11. County or Parish, and State EDDY COUNTY COUNTY, NM		10. Field and Pool, or Exploratory WELLS; BONE SPRING, EAST

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

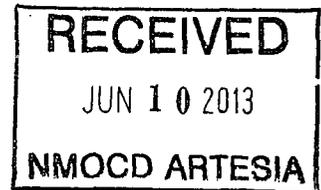
TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> 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 checked="" type="checkbox"/> Other Change to Original A PD
	<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 recomplete 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 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 requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Devon Energy Production Company L.P. respectfully requests to set a 500' cement plug from approximately 6,217' MD (11-deg) in the curve to 5,717'. The plug is being requested due to a directional tool failure resulting in the curve being drilled at a 250-deg azimuth as opposed to the plan azimuth of 87-deg. Following cementing we well kick-off cement plug and drill according to submitted directional plan. Cement volumes and composition are below.

Fluid Weight: 17.50 lbm/gal  
Slurry Yield: 0.95 ft<sup>3</sup>/sk  
Proposed Sacks: 220 sks  
Volume: 37.03 bbl

*RD Cole 6/10/13*  
Approved for record  
NMOCD



*verbal approval granted 5/27/2013*

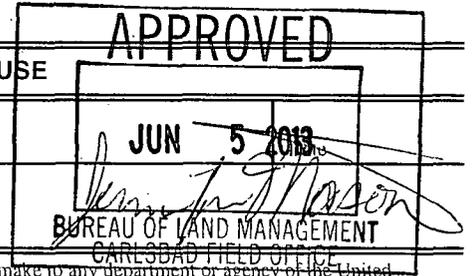
14. I hereby certify that the foregoing is true and correct.

Electronic Submission #208677 verified by the BLM Well Information System  
For DEVON ENERGY PRODUCTION CO., LP, sent to the Carlsbad  
Committed to AFMSS for processing by JOHNNY DICKERSON on 05/31/2013 ()

Name (Printed/Typed) TRINA C COUCH	Title REGULATORY ASSOCIATE
Signature (Electronic Submission)	Date 05/28/2013

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.

**Additional data for EC transaction #208677 that would not fit on the form**

**32. Additional remarks, continued**

\* BLM has been notified