

**HOBBS OCD**  
**JUN 08 2017**  
**RECEIVED**

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Operator

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.

5. Lease Serial No.  
NMNM92781

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.  
NMNM94480X

8. Well Name and No.  
GAUCHO UNIT 23H

9. API Well No.  
30-025-42814

10. Field and Pool, or Exploratory  
WC-025 G-06 S223421L; BS

11. County or Parish, and State  
LEA COUNTY, NM

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
DEVON ENERGY PRODUCTION CO  
Contact: LUCRETIA A MORRIS  
EMail: Lucretia.Morris@dvn.com

3a. Address  
333 WEST SHERIDAN AVENUE  
OKLAHOMA CITY, OK 73102-5015

3b. Phone No. (include area code)  
Ph: 405-552-3303

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 17 T22S R34E SESE 225FSL 870FEL

**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 checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<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.)

(12/14/15-12/16/15) Spud @ 09:00. TD 17-1/2? hole @ 1771?. RIH w/ 42 jts 13-3/8? 54.5# J-55 BTC csg, set @ 1764.3?. Lead w/ 1000 sx Econocem, yld 1.74 cu ft/sk. Tail w/ 545 sx Halcem, yld 1.34 cu ft/sk. Circ 388 sx cmt to surf. PT, BOPE @ 250/5000 psi and PT annular @ 250/3000 psi, held each test for 10 min, OK. PT csg to 1500 psi for 30 min, OK.

(12/19/15-12/20/15) TD 12-1/4? hole @ 5161?. RIH w/ 116 jts 9-5/8? 40# HCK-55 BTC csg, set @ 5151.1?. Lead w/ 1545 sx CIH, yld 1.93 cu ft/sk. Tail w/ 480 sx CIH, yld 1.18 cu ft/sk. Circ 5 bbls cmt to surf. Lost returns on last 36 bbls of displacement; had cmt back to surf before lost returns occurred. PT csg to 1500 psi for 30 min, OK.

(1/2/16-1/5/16) TD 8-3/4? hole @ 15832?. RIH w/ 364 jts 5-1/2? 17# P110RY CDC-HTQ csg, set @ 15827?. Lead w/ 1225 sx CIH, yld 2.30 cu ft/sk. Tail w/ 1155 sx CIH, yld 1.23 cu ft/sk. RR @ 16:30.

14. I hereby certify that the foregoing is true and correct.  
Electronic Submission #328464 verified by the BLM Well Information System For DEVON ENERGY PRODUCTION CO LP, sent to the Hobbs

Name (Printed/Typed) LUCRETIA A MORRIS Title REGULATORY COMPLIANCE ANALYST

Signature (Electronic Submission) Date 01/13/2016

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_

**ACCEPTED FOR RECORD**  
JAN 25 2016  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD 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.

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***