

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. NMNM042625	
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY Contact: MEGAN MORAVEC megan.moravec@dvn.com		6. If Indian, Allottee or Tribe Name	
3a. Address 333 WEST SHERIDAN AVENUE OKLAHOMA CITY, OK 73102	3b. Phone No. (include area code) Ph: 405-552-3622	7. If Unit or CA/Agreement, Name and/or No.	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 3 T25S R31E SWSE 200FSL 1400FEL		8. Well Name and No. COTTON DRAW UNIT 217H	
		9. API Well No. 30-015-42318	
		10. Field and Pool, or Exploratory PADUCA; BONE SPRING	
		11. County or Parish, and State EDDY COUNTY COUNTY, 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 checked="" type="checkbox"/> Other Drilling Operations
	<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.)

(8/27/14-8/29/14) Spud @ 02:00. TD 17-1/2? hole @ 650?. RIH w/ 16 jts 13-3/8? 48# H-40 csg, set @ 650?. Lead w/ 1260 sx CIC, yld 1.34 cu ft/sk. Disp w/ 95 bbls water. Circ 212 sx cmt to pits. PT annular @ 250/2500 psi, OK. PT all other. BOPE @ 250/3000 psi, for 10 min each, OK. PT csg to 1210 psi, OK.

(8/31/14-9/4/14) TD 12-1/4? hole @ 4315?. RIH w/ 97 jts 9-5/8? 40# J-55 LTC csg, set @ 4315?. Lead w/ 1195 sx CIH, yld 1.87 cu ft/sk. Tail w/ 430 sx CIC, yld 1.33 cu ft/sk. Disp w/ 323 bbls H2O. Circ 120 sx cmt to pits. Install pack off assembly, PT to 1010 psi, OK. PT csg to 1500 psi for 30 min, OK.

(9/18/14-9/23/14) TD 8-3/4? hole @ 14984?. RIH w/ 326 jts 5-1/2? 17# P-110 BTC csg, set @ 14977?. 1st lead w/ 1335 sx CIH, yld 1.98 cu ft/sk. Tail w/ 1170 sx CIH, yld 1.23 cu ft/sk. Disp w/ 346

ED 7/31/15
**Accepted for record
NMOCD**

NM OIL CONSERVATION

ARTESIA DISTRICT

JUN 29 2015

RECEIVED

14. I hereby certify that the foregoing is true and correct.		Electronic Submission #267163 verified by the BLM Well Information System For DEVON ENERGY PRODUCTION COMPANY, sent to the Hobbs Committed to AFMSS for processing by DEBORAH HAM on 06/12/2015	
Name (Printed/Typed)	MEGAN MORAVEC	Title	REGULATORY ANALYST
Signature (Electronic Submission)		Date	09/30/2014
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 _____	

ACCEPTED FOR RECORD
JUN 23 2015
[Signature]
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 ****

Additional data for EC transaction #267163 that would not fit on the form

32. Additional remarks, continued

bbls FW. Drop DVT opening plug, open DVT set @ 5019?. 2nd lead w/ 240 sx Tuned Light cmt, yld 2.44 cu ft/sk. Tail w/ 160 sx CIC, yld 1.33 cu ft/sk. Disp w/ 116 bbls FW. RR @ 18:00.