Form 3160-5 (August 2007) UNITED STATES DEPARTMENT OF THE INTERIOR OCD Artesia 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 (APD) for such proposals.					FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010 5. Lease Serial No. NMNM0405444	
					6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well 🔲 Gas Well 🔲 Other					8. Well Name and No. TODD 23F FED 31	
2. Name of Operator Contact: DENISE MENOUD DEVON ENERGY PRODUCTION CO EPMail: Denise.Menoud@dvn.com					9. API Well No. 30-015-31882-00-S1	
3a. Address 333 WEST SHERIDAN AVE OKLAHOMA CITY, OK 73102	(include area code) 10. Field and Pool, or Expl 6-5544 INGLE WELLS-DEL					
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, and State	
Sec 23 T23S R31E SENW 19		EDDY COUNTY		Ϋ́, ΝΜ		
12. CHECK APPI	ROPRIATE BOX(ES) T	O INDICATE	NATURE OF 1	NOTICE, R	EPORT, OR OTHEI	R DATA
TYPE OF SUBMISSION	TYPE OF ACTION					
🗖 Nation of Intent	□ Acidize	🗖 Dee	pen	D Produc	tion (Start/Resume)	□ Water Shut-Off
□ Notice of Intent	Alter Casing		Fracture Treat		iation .	🗋 Well Integrity
🛛 Subsequent Report	Casing Repair	🗖 Nev	Construction	🗖 Recom	plete	Other
Final Abandonment Notice	 Change Plans Convert to Injection 	Plug and Abandon		-	rarily Abandon	
	Plug Back Water t details, including estimated starting date of any		<u> </u>			
Attach the Bond under which the wo following completion of the involved testing has been completed. Final Al determined that the site is ready for f THIS WELL WAS PLUGGED tHE LOCATION WAS RECLA	l operations. If the operation re bandonment Notices shall be fi inal inspection.) AND ABANDONED ON	esults in a multipl led only after all 3/25/2016.	e completion or rec requirements, includ	ompletion in a ding reclamatio	new interval, a Form 316	0-4 shall be filed once
Accepted For Record ARTESIA DISTRICT NMOCD JUL 11 2016 RECEIVED						
14. I hereby certify that the foregoing is	true and correct. Electronic Submission # For DEVON ENER(mitted to AFMSS for proc	GY PRODUCT	ON CO LP, sent	to the Carls!	badí	
Name (Printed/Typed) DENISE N		Title AUTHORIZED REPRESENTATIVE				
Signature (Electronic S	Date 06/06/2016					
Accepted to Reco	A THIS SPACE FO	OR FEDERA	L OR STATE	OFFICE U	SE	
Approved By frances Q. Omos			Title SPET		6 - 29-13 Date	
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent which would entitle the applicant to condu	Office CFO					
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s	U.S.C. Section 1212, make it a statements or representations as	crime for any pe to any matter wi	rson knowingly and thin its jurisdiction.	l willfully to m	ake to any department or a	agency of the United
** BLM REV	ISED ** BLM REVISEI	D** BLM RE	VISED ** BLM		O ** BLM REVISED) **