UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesla

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

5. Lease Serial No. NMNM0405444

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.

6. If Indian, Allottee or Tribe Name

abandoned went. Ose form 5100-5 (At D) for such proposals.					}	•
SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well ☑ Oil Well ☐ Gas Well ☐ Other					8. Well Name and No. TODD 10P FED 16	
Name of Operator Contact: DENISE MENOUD DEVON ENERGY PRODUCTION CO EMail: Denise.Menoud@dvn.com					9. API Well No. 30-015-32692-00-S1	
3a. Address 333 WEST SHERIDAN AVE OKLAHOMA CITY, OK 7310	3b. Phone No. (include area code) Ph: 575-746-5544			10. Field and Pool, or Exploratory INGLE WELLS-DELAWARE		
4. Location of Well (Footage, Sec., T			11. County or Parish, and State			
Sec 10 T23S R31E SESE 510FSL 660FEL					EDDY COUNTY, NM	
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, R					EPORT, OR OTHE	R DATA
TYPE OF SUBMISSION TYPE OF ACTION						
TITE OF BODIMOSION						
☐ Notice of Intent	☐ Acidize		☐ Deepen		☐ Production (Start/Resume) ☐ Water Shut-Off	
Subsequent Report ■ Subsequent Report Subsequent Report	☐ Alter Casing		☐ Fracture Treat		■ Reclamation	
	☐ Casing Repair	_	■ New Construction		ecomplete	
☐ Final Abandonment Notice	☐ Change Plans		□ Plug and Abandon		☐ Temporarily Abandon	
	☐ Convert to Injection	Plug	Plug Back		☐ Water Disposal	
THIS LOCATION WAS PLUGGED AND ABANDONED 1/14/2016. THIS LOCATION HAS BEEN BECLAIMED AND IS BEADY FOR EIRST INSPECTION. ARTESIA DISTRICT						
THIS LOCATION HAS BEEN RECLAIMED AND IS READY FOR FIRST INSPECTION.					JUL 1 1 2016	
Remove we	11 5:30	Thank	Accept	ed For	Record RECI	EIVED
14. I hereby certify that the foregoing is	true and correct/ Electronic Submission #: For DEVON ENERG Imitted to AFMSS for proce	Y PRODUCT	ON CO LP, sent	to the Carlst	oad	
Name (Printed/Typed) DENISE MENOUD Title AUTHORIZED R					PRESENTATIVE	
Signature (Electronic S	lubmission)		Date 05/16/2	2016		
Accepted for Pacard	THIS SPACE FO	R FEDERA	L OR STATE	OFFICE U	SE	
Approved By James	a. amo		Title S	47		6.29-16 Date
Conditions of approval, if any, are attached certify that the applicant holds legal or equ which would entitle the applicant to condu	Office (FC	2				
Title 18 U.S.C. Section 1001 and Title 43	U.S.C. Section 1212, make it a	crime for any pe	rson knowingly an	d willfully to m	ake to any department or	agency of the United