	UNITED STATES EPARTMENT OF THE I	NTERIOR		OMB N	APPROVED O. 1004-0137 anuary 31, 2018	
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. SUBMIT IN TRIPLICATE - Other instructions on page 2				5. Lease Serial No. NMNM22080 6. If Indian, Allottee or Tribe Name		
			7. If Unit or CA/Agreement, Name and/or No.			
1. Type of Well			8. Well Name and No. TOMB RAIDER 1-12 FED 718H			
2. Name of Operator DEVICE FOR A DEPOCH OF THE OPERATION CONTAct: JENNIFER HARMS			9. API Well No.			
DEVON ÉNERGY PRODUCTION COM Mail: jennifer.harms@dvn.com 3a. Address 3b. Phone No. (include area code)				30-015-44811-00-X1		
333 WEST SHERIDAN AVENUE OKLAHOMA, OK 73102		Ph: 405-552-6560		10. Field and Pool or Exploratory Area LIVINGSTON RIDGE		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, State		
Sec 1 T23S R31E 360FNL 1 32.339725 N Lat, 103.72632			EDDY COUNTY, NM			
12. CHECK THE A	APPROPRIATE BOX(ES)	TO INDICATE NATURE	OF NOTICE,	REPORT, OR OTH	IER DATA	
TYPE OF SUBMISSION		TYPE OF ACTION				
☐ Notice of Intent	C Acidize	🗖 Deepen	Product	ion (Start/Resume)	U Water Shut-Of	
—	Alter Casing	Hydraulic Fracturin	g 🔲 Reclam	ation	Well Integrity	
Subsequent Report	Casing Repair	New Construction	🗖 Recomp	lete	Other	
Final Abandonment Notice	Change Plans	Plug and Abandon	Tempor] Temporarily Abandon		
	Convert to Injection	Plug Back	ug Back 🛛 🛛 Water Disposal			
15. Describe Proposed of Completed O If the proposal is to deepen directio Attach the Bond under which the w following completion of the involve testing has been completed. Final A determined that the site is ready for	nally or recomplete horizontally, ork will be performed or provide ed operations. If the operation res Abandonment Notices must be file	the Bond No. on file with BLM/E sults in a multiple completion or n	sured and true ve BIA. Required sub ecompletion in a r	rtical depths of all pertir psequent reports must be new interval, a Form 316	ient markers and zones. filed within 30 days 0-4 must be filed once	
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Additional data for EC transaction #452843 that would not fit on the form

32. Additional remarks, continued

5. How water is moved to the disposal facility: piped

6. Identify the Disposal Facility by:

A. Facility Operators Name: a) Devon Energy Corp b) Mesquite SWD, Inc

B. Facility or well name/number: a) a) Todd 2 Water Treatment Facility 2RF-114 b) Bran SWD 1 API #30-025-43473 SWD-1558 ✓

C. Type of Facility or well (WDW) (WIW): a) b) WDW

D.1) Location: Section 2 Township 23S Range 31E

D.2) Location: ?? SE/4 SE/4 Section 11 Township 24S Range 31E