

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

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.
NMNM22080

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

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

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
TOMB RAIDER 12-1 FED 516H

2. Name of Operator
DEVON ENERGY PRODUCTION COMPANY
Contact: JENNIFER HARMS
E-Mail: jennifer.harms@dvn.com

9. API Well No.
30-015-45486-00-S1

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

3b. Phone No. (include area code)
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)
Sec 12 T23S R31E SWSE 50FSL 1420FEL
32.311833 N Lat, 103.727550 W Lon

11. County or Parish, State
EDDY COUNTY, NM

12. CHECK THE 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"/> Hydraulic Fracturing | <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 type="checkbox"/> Other |
| | <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 checked="" 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 recomplate 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Site Name: Tomb Raider 12-1 Fed 516H

1. Name(s) of formation(s) producing water on the lease: Livingston Ridge; Bone Spring

2. Amount of water produced from all formations in barrels per day: 1575bbls per day

4. How water is stored on lease:
3-750bbl water tanks located at the Tomb Raider 12 CTB 1-

RECEIVED

JAN 09 2020

EMNRD-OCD ARTESIA

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #493542 verified by the BLM Well Information System For DEVON ENERGY PRODUCTION COMPANY LP, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH MCKINNEY on 11/25/2019 (20DLM0195SE)

Name (Printed/Typed) JENNIFER HARMS Title REGULATORY COMPLIANCE ANALYST

Signature (Electronic Submission) Date 11/22/2019

ACCEPTED FOR RECORD

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

NOV 26 2019

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 _____

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.

(Instructions on page 2)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

Accepted 2/4/20 KS

Additional data for EC transaction #493542 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) Mesquite SWD, Inc b) Devon Energy Corp

B. Facility or well name/number:

a) Bran SWD 1-API #30-025-43473 SWD-1558

b) Todd 2 Water Treatment Facility:2RF-114, 2-23s-31e

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

D.1) Location by: SE/4 SE/4 Section 11 Township 24S Range 31E

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