Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APROVED
OMB NO. 1004-0135
EXPIRES: NOVEMBER 30, 200

BUREAU OF LAND MANAGEMENT		EXPIRES: NOVEMBER 30, 2000
SUNDRY NOTICES AND REPORTS ON WELLS		5. Lease Serial No.
Do not use this form for proposals to drill or to re-enter an	DEGEN/ED	NM96212
abandoned well. Use Form 3160-3 (APD) for such propos	BECEVED	6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE		N/A
	NOV - 2 2009	7. Unit or CA Agreement Name and No.
a. Type of Well 🔲 Oil Well 🗹 Gas Well 🔲 Other		N/A
	NMOCD ARTESIA	8 Well Name and No. Hill 6 Federal #1 Indian Draw 6 Fee Com #1
. Name of Operator	MINIOUS / MITTEUM	Indian Draw 6 Fee Com # 1
DEVON ENERGY PRODUCTION COMPANY, LP		9. API Well No.
. Address and Telephone No.		30-015-35731
P. O. Box 250 - Artesia, NM 88211-0250	505-748-3371	10. Field and Pool, or Exploratory
Location of Well (Report location clearly and in accordance with Federal requirements)*		Burton Flat Morrow
660' FSL & 860' FEL Sec 6-T225-R28E		12. County or Parish 13. State
		Eddy County, New Mexico

2. Name of Operator		MMOOD /MIZE	Indian Draw 6 Fee Com #1
DEVON ENE	RGY PRODUCTION CO	MPANY, LP	9. API Well No.
3. Address and Telephone No.			30-015-35731
P. O. Box 250 - Artesi	a, NM 88211-0250	505-748-3371	10. Field and Pool, or Exploratory
4. Location of Well (Report location clea			Burton Flat Morrow
660' FSL & 860' FEL Sec 6-T225-R28E		12. County or Parish 13. State	
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OS SUBMISSION	APPROPRIATE BOX(S) TO INDI	TYPE OF ACT	
TTPE OS SOBIVISSION			
Notice of Intent	Acidize Alter Casing		uction (Start/Resume)
Subsequent Report	Casing Repair		mplete
Final Abandonment Notice	Change Plans		porarily Abandon r Disposal
	Convert to Injection	Plug Back Wate	if Disposal
13 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed			
work and approximate duration thereof.			victor from the above losse to the
Devon Energy Production Company, LP respectfully requests approval to truck produced water from the above lease to the Judah Oil, LLC, Geronimo Disposal Well located in Section 29-T17S-R29E, Eddy County, NM Permit # SWD-843.			
	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	
Note: Copy of permit SWD 843 atta	ached		
			ACCEPTED FOR DECORD
			ACCEPTED FOR RECORD
			OCT 3 0 2009
			/s/ JD Whitlock Jr
			BUREAU OF LAND MANAGEMENT
			CARLSBAD FIELD OFFICE
1	NMORD		SUBJECT TO LIKE
	1.2/09		APPROVAL BY STATE
1	[17]		
14. I hereby certify that the foregoing is	Λ	01	
\mathcal{N} .	Name _	Shannon Moss	— 1.70-M
Signed ////	AND Title	Production Foreman	Date <u>9-300</u>
(This space for Federal or State Office us	se)		
Approved by		\$	Data
Conditions of approval, if any:	Title	<u> </u>	Date

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations to any matter within its jurisdiction.

WATER PRODUCTION & DISPOSAL INFORMATION

In order to process your disposal request, the following information must be completed:

1.	Name of formations producing water on the lease.
	Burton Hat; Moirow
2.	Amount of water produced from all formations in barrels per day. 1 Bpw/D
	Attach a current water analysis of produced water from all zones showing at least otal dissolved solids, ph, and the concentrations of chlorides and sulfates. (One ble will suffice if water is commingled.)
4.	How water is stored on lease. <u>Filerglass Stater Jank</u>
5.	How water is moved to the disposal facility.
6.	Identify the Disposal Facility by: A. Facility Operators name. A. Facility Operators name.
	B. Name of facility or well name and number. <u>Heronimo</u>
	C. Type of facility or well (WDW) (WIW) etc.
	D. Location by 1/4 1/4 Section 29 Township 175 Range 29E
7.	Attach a copy of the State issued permit for the Disposal Facility.

Submit to this office, **620 EAST GREENE ST, CARLSBAD NM, 88220**, the above required information on a Sundry Notice 3160-5. Submit 1 original and 5 copies, within abatement period. (This form may be used as an attachment to the Sundry Notice.)