Form 3160-5

ED STATES

FORM APPROVED

(August 1999)	DEPARTMENT OF THE		1201	N.IVI. L., -1	JIST. 2	Expire	4B No. 1004-0135 es November 30, 20	00
	BUREAU OF LAND MANAGEMENT 1301 W. Gran				G AYE	BLUE	No.	
SUNDRY NOTICES AND REPORTS ON WELLS Artesia, I					8821	10	NM_100540)
Do not use	this form for proposals well. Use Form 3160-3 (A	to drill or to re-(PD) for such pro	enter an noesie		6. If Inc	dian, All	lottee or Tribe Na	me
apandoneu	well. Use I Ulli 5100-5 (A	i by ioi such pro	p03013.					
SUBMIT IN 1	RIPLICATE - Other ins	tructions on re		1	7. If Un	it or CA	VAgreement, Nar	ne and/or No.
1. Type of Well			/ 12	14 15 16 77 76				
Oil Well Gas Well	Other		100 m	" Da	8. Well	Name a	and No.	
2. Name of Operator					Filaree 18 Federal #1			
•	roduction Co., LP	/ S / QS) 	- 1871]	9. API	Well No),	
3a. Address		3b. Phone No.			30	0015	31707	
	500; Oklahoma City, OK 731		, , , , , , , , , , , , , , , , , , , ,	GENAED	10. Field	and Po	ol, or Exploratory	Агеа
4. Location of Well (Footage, S.			, OCD	ARTESIA	,	row.		
660' FSL & 1	910' FEL 18 22S	26E \	5 <u>4</u>		/	=	rish, State	
			100	7.00	I	Eddy,	, NM	
	PPD OPPLATE DOV(EC)	TO INDICATE N	ATT IDE	CZCZLO	DODT (OB 07	TIED DATA	<u> </u>
12. CHECK A	APPROPRIATE BOX(ES)	IO INDICATE N	ATURE	F NOTICE, RE	POKI,	JK O1	HER DATA	
TYPE OF SUBMISSION			TYPE O	F ACTION			 	
	Acidize	Deepen		Production (Start/F	Resume)		Water Shut-Off	
☐ Notice of Intent	Alter Casing	Fracture Treat		Reclamation			Well Integrity	
Subsequent Report	Casing Repair	New Construc	tion 🔲	Recomplete			Other	
300sequent Report	Change Plans	Plug and Abai	ndon 🔲	Temporarily Aban	idon		Operator Ch	ange
Final Abandonment Notice	Convert to Injection	Plug Back		Water Disposal			1	
Attach the Bond under which following completion of the intesting has been completed. It determined that the site is read Effective July 1, above federal le	2001 Devon Endease. Devon Endease. Devon Endependent	ergy Produce	e completion of tion o	O. LP assu	a new intraction, have	operesp	Form 3160-4 sha completed, and the completed of the completed of the complete	within 30 day all be filed onco he operator ha of the
14. I hereby certify that the forego	oing is true and correct		Cand	ace R. Graha		_		
Name (Printed/Typed)		Ti			, Liigi		ng roon —	
Signature Canda	ce R. Grah	an D	ate 8-	1-2001	, 	·		
	THIS SPACE	FOR FEDERAL	OR STATE	OFFICE USE				
Approved by			Title			Date		

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.

Office

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.