Form 3160-5 (June 1990) DEF	U ^{D-T} TED STATES ARTI,	CISÉ			
BUR	FORM APPROVED Budget Bureau No. 1004-0135				
SUNDRY	Expires March 31, 1993 5. Lease Designation and Serial No.				
Do not use this form for propos Use "APPLIC	NM-NM0418220-A				
	 If Indian, Allottee or Tribe Name N/A 				
1. Type of Well		A 4 4 4 4 1 1 1 1 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7. If Unit or CA, Agreement Designation		
Vil Gas Other	N/A				
2. Name of Operator DEVON ENERGY CORPOR	8. Well Name and No.				
3. Address and Telephone No.		COCOCETURE S	TODD 27L "A" FEDERAL #12 9. API Well No.		
20 NORTH BROADWAY, SU	IITE 1500, OKLAHOMA CITY, OKLAH				
4. Location of Well (Footage. Sec., T., R.,		0	30-015-27884		
		10. Field and Pool, or Exploratory Area			
ISSUIDE & STUPPL, UNITE	, SECTION 27-T23S-R31E, EDI	DY CNTY, NM	INGLE WELLS (DELAWARE)		
	······································		11. County or Parish, State		
			EDDY CNTY, NEW MEXICO		
CHECK APPROPRIA	TE BOX(s) TO INDICATE NA	ATURE OF NOTICE, REPOR			
TYPE OF SUBMISSION	DN TYPE OF ACTION				
Notice of Intent	Abandon				
			Change of Plans		
Subsequent Report		L	New Construction		
			Non-Routine Fracturing Water Shut-Off		
Final Abandonment Notice	Altering	· .	Conversion to Injection		
	Other		Dispose Water		
		ā	Note: Report results of multiple completion on Well		
 Describe Proposed or Completed Operations (subsurface locations and measured and true 	Clearly state all pertinent details, and give pertine evertical depths for all markers and zones pertine	nt dates, including estimated date of starting any nt to this work.)*	ompletion or Recompletion Report and Log form.) proposed work. If well is directionally drilled, give		
produced water from the 10	tted in response to the BLM No odd 27L "A" Federal #12 goes t isposed into the following well	0 Our Todd SWD Station behin	d the Todd OC T. J. J. J		
BLM- NM0405444-A	DIM NBCOASSAA				
Todd "26G" Fed. #2 SWD	BLM- NM0405444-A Todd "26F" Fed. #3 SWD	BLM - NM0418220-A			
API 30-015-20277	API 30-015-20302	Todd "27P" Fed. #16 SWD	Todd "36" State #1 SWD		
1980' FNL & 1650' FEL	1980' FNL & 1980' FWL	API 30-015-27106	API 30-015-20341		
Sec. G-26-23S-31E	Sec. F-26-23S-31E	330' FSL & 330' FEL	1980' FNL & 1980' FWL		
500. G-20-255-51E	эсс. г-20-235-31E	Sec. P-27-23S-31E	Sec. K-36-23S-31E		
Our alternate method of disp	posal is to have the produced wa	ater hauled by Controlled Reco	very, Inc., out of Hobbs.		

14. I hereby certify that the foregoing is true and correct		
C L. OH. I	Candace R. Graham	
Signed Candace R. Jrahan	Title Engineering Technician	Date Marach 16, 2000
(This space for Federal or State ACCEPTED FOR RECORD		
Approved by Conditions of approval, if any:	Title	Date 5/20/00
MAR 2 0 2000	at a loop a	//
	Chig. SGD.)	GARY GOURLEY
Title 18 U.S.C. Section 1001, make it a crime for any person knowingly and willfully to any matter within its jurisdiction.	to make to any department or agency of the United States an	y false, fictitious or fraudulent statements or representations

*See Instruction on Reverse Side

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Form 3160-9 (December 1989)	FF	B 2 8 2	2000	142-14 CM	1541 11 11 10 10 10		-			nber <u>00-DW-173</u>	
	ΓĽ		2000	UNTTR	D STATE	25			Pag	2 of <u>4</u>	
Certified Mail -	REROD	T TION	DEPDEPAI	RTMENT	OF THE	INTERIO	D.	Ĺ	Id	entification	
Z 385 689 111	and []	EC-OK	C BUREA	ATTOFT.A	ND MAN	AGEMEN	T		<u>p</u>		
Hand Delivered	Received	-1							Lebse Ni	MNM0418220A	
by			DTICE OF	INCIDEN	TS OF NO	DNCOMPI	LIANC	TE [Init		
									PA		
Burcau of Land Mana	•				Operator						
Address	CARI.				DEVON ENERGY CORPORATION						
				Address 20 NORTH BROADWAY SUITE 1500 OKLAHOMA CITY OK 73102-8260							
Telephone				Attention							
		505.887	.6544				CANDY (BRAHA	M M		
Inspector	-	New 14	1-141		Attn Ad4500	MID-AMERIC	A TOWE	R 20 N	ORTH BR	OADWAY	
Site Name	<u>L</u>	<u>Duncan M</u>	Well or Facility		Tourstie	OKLAHO					
TODD	27M FED	H		13	Township 23S	Range 31E	Meridian NM		ection 27	1/4 1/4	
Site Name			Well or Facility		Township	Range	Meridian	·	<u> </u>		
	27L A FEI	2		12	235	31E	NN	1-	27	NWSW	
Site Name	2 <u>7 #12 &1</u> :	2	Well or Facility	•	Township	Range	Meridian		ection	1/4 1/4	
			S FOUND BY BURE	AU OF LAND MA	235			P	27	SWSW	
	late		Time (24 - h		I		L DATE A	NU AT TE			
						Violation			Gravity of	Violation	
02/15	5/2000		14:0		43CFR3162.1/ONSHORE ORDER						
Concetive	Action To				#7,III,				MINOR		
Be Com	pleted By				Assessment for Noncompliance Assessment				Assessment)	Reference	
02/17	/2000										
				·							
When violation is correc		notice and ref	turn to above address,								
Company Representative	e Title		· · · · · · · · · · · · · · · · · · ·	Sig					Dam .		
Company Comments											
	· · · · · · · · · · · · · · · · · · ·										
				WA	RNING						
Incidents of Noncomp carlier. Each violation address shown above. not comply as noted a Civil Penalties (43 CF Section 109(d)(1) of th Title 43 CFR 3163.2(1 notices, affidavils, rer day such violation con	Please note bove under " R 3163.2). he Federal O f)(1), provide cord, data, or	that you all Corrective All self-cert il and Gas l is that my p other writt	Action To Be Comp Action To Be Comp tified corrections ma Royalty Managemer berson who "knowin en information rem	at assessed for no pleted By" you m ust be postmarker at Act of 1982, as agly or willfully"	i mis Nonce and ncompliance (see ay incur an additi no later than the implemented by	reported to the Bu amount under "A onal assessment u next business day the applicable pro	reau of Lar ascessment ; nder (43 C, after the p visions of f	nd Manag for Nonco FR 3163. rescribed the operat	ement office mpliance"). 1) and may a time for cor ing regulation	e at the If you do also incur rection. ons at	
			-	- VIEW AND /							
A person contesting a receipt of the Incident Interior Board of Land for further information	violation she s of Noncom is Appeals, 4	ll request a pliance wit 015 Wilson	State Director revie	ew of the Incident	s of Noncomplia	nce. This request.	must be fil I teview de sted Bureau	ad within cision ma 1 of Land	20 working 19 bc appcal Managemen	days of ed to the it office	
Signature of Bureau of L	and Managam	ent Authoriza	ed Officer				Date		175-		
U. V. Z	/ lit	Inky	2 1					16/0	100 1500		
				FOR OFFIC	TE USE ONLY			610		00	
Number	. 11	Date		Assessment	ON ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	Penalty	·	Ten	mination		
33		<u> </u>				L	-				
Type of Inspection											

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