| <b>7</b>   |  |   |   |                                 |                                 |  |              |  |                  |
|--|--|---|---|---------------------------------|---------------------------------|--|--------------|--|------------------|
| Form 3160-5<br>(August 2007)   | ES<br>EINTERIOR  | OCD Hobbs   | FORM APPROVED<br>OMB No. 1004-0137<br>Expires: July 31, 2010                            |                                 |                                 |  |              |  |                  |
|  |  | U OF LAND MA  | ,   |                                 | 5. Lease Serial No.<br>NM-63020 |  |              |  |                  |
| SL   |  | TICES AND REP   | ORTS ON V   | VELLS H                         | DBBS OC                         | B If Indian, A   | llottee or T | ribe Name  | <u></u>          |
| Do not u<br>abandone   | se this for<br>d well. Us  | m for proposals<br>e Form 3160-3 (/   | to drill or to<br>APD) for su   | o re-enter a                    | n                               |  |              |  |                  |
|  |  | N TRIPLICATE – Othe   |   |                                 | <u>K V 8 ZU</u>                 | 7. If Unit of C  | A/Agreem     | ent, Name and/or No                                      | ·.               |
| 1. Type of Well  |  |   |   |                                 |                                 | 8. Well Name   |              |  |                  |
| Oil Well   | Gas Well   | / 🗹 Other s   | wd conversion   | SWD-1325                        |                                 | Bilbrey 28A  | Federal 1    |  |                  |
| 2. Name of Operator<br>Devon Energy Production   |  |   |   |                                 | 9. API Well No.<br>30-025-30664 |  |              |  |                  |
| 3a. Address<br>333 W Sheridan Avenue, Oklahoma City, OK 73102  |  |   | 3b. Phone No. <i>(include area code)</i><br>405-552-4615                                |                                 |                                 | 10. Field and Pool or Exploratory Area<br>Bilbrey; Delaware, North |              |  |                  |
| 4. Location of Well (Foota<br>1980' FSL & 1980' FWL; Sec 28-   | n)   | 11. Country or Parish, State<br>Lea County, NM  |   |                                 |                                 |  |              |  |                  |
|  | 12. CHECK  | THE APPROPRIATE B   | OX(ES) TO INE   | DICATE NATUR                    | E OF NOTIC                      | E, REPORT C  | OR OTHER     | DATA   |                  |
| TYPE OF SUBMIS   | SION   |   | TYPE OF ACTION  |                                 |                                 |  |              |  |                  |
| Notice of Intent   |  | Acidize   | Deep  | ben                             | Produ                           | uction (Start/Resume)  |              | Water Shut-Off   |                  |
|  |  | Alter Casing  | =   | ture Treat                      |                                 | mation   |              | Well Integrity   |                  |
| Subsequent Report  |  | Casing Repair   |   | Construction<br>and Abandon     |                                 | nplete<br>orarily Abando   |              | Other  |                  |
| Final Abandonment N  | lotice   | Convert to Injection  |   |                                 |                                 | oraniy Abando<br>Disposal  | 'n           |  |                  |
| 1. 2/18/13-MIRU. POOH<br>2. TIH and set CIBP @ 4,<br>3. Circulate wellbore w/9#<br>4. Cut 7" casing @ 4,270<br>5. Spot 50 sx cement @ 2<br>6. Spot 50 sx cement @ 7<br>7. Spot 50 sx cement @ 6<br>8. Spot 35 sx cement surf<br>9. Cut wellhead off and se | 750'. Spot 30<br># mud.<br>'. POOH w/91<br>2,848'. Tagge<br>1,056'. Tagged<br>576'. Tagged<br>face plug. | 9 sx cement on top. T<br>  Jts of 7" casing. Spo<br>d TOC @ 2,688'. (Ba<br>d TOC @ 916'. (Top o<br>TOC @ 520'. (13-3/8' | agged TOC @<br>ot 50 sx cemen<br>ase of Salt @ 2,<br>of Salt @ 1,041<br>" shoe @ 626'). | t @ 4,352'. Tag<br>827')<br>'). | •                               | 4,192'.<br>RE(   |              | AATION<br><u>9-13</u>                                    |                  |
|  |  |   |   |                                 |                                 |  |              |  | ,                |
|  |  |   |   |                                 |                                 | Liability u  | inder bon    | gging of the well<br>id is retained unt<br>is completed. | bore.<br>il      |
| 14. 1 hereby certify that the for<br>Name (Printed/Typed)  | pregoing is true a   | and correct.  |   |                                 |                                 |  |              |  |                  |
| Ronnie Slack   |  |   |   | Title Operation                 | ons Technici                    | an   |              |  |                  |
| Signature <b>Ronnu</b>   | i Slac   | k   |   | Date 3                          | 14/13                           | ENNE   | 'nτει        |  | non              |
|  |  | THIS SPACE  | FOR FEDE  | RAL OR ST                       | ATE OFF                         | ICÉ USE  |              | HUN NEU  |                  |
| Approved by  |  |   |   |                                 | ······                          |  |              |  |                  |
|  |  |   |   | Title                           |                                 |  | ABR          | 2 2013   |                  |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or hat the applicant holds legal or equitable title to those rights in the subject lease which wantitle the applicant to conduct operations thereon.                |  |   |   |                                 |                                 | flores   |              |  |                  |
| Fitle 18 U.S.C. Section 1011 a fictitious or fraudulen stateme   | hd Title 43 U 8.<br>nts of represent   | 9. Section 1212, make it ations as to any matter wi   | a crime for any po<br>ithin its jurisdiction  | erson knowingly a<br>n.         | nd willfully to                 | make to any de   | CARLSB       | Lagency Write United                                     | States any false |
| (Instructions on page 2)   | (  |   | ~~  |                                 |                                 |  |              |  |                  |
|  |  | $\sim$  | . <b>н</b>  |                                 |                                 |  | -<br>Afk     | <b>9</b> -20-13  |                  |
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