

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD
Hobbs

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.
NMLC061869

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on page 2

HOBBS OCD
SEP 19 2017
RECEIVED

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
DEVON ENERGY PROD CO., L.P. Contact: LINDA GOOD
E-Mail: linda.good@dvn.com

3a. Address
333 WEST SHERIDAN AVE.
OKLAHOMA CITY, OK 73102

3b. Phone No. (include area code)
Ph: 405-552-6558

8. Well Name and No.
ARABIAN 30-19 FED COM 2H

9. API Well No.
30-085-43773

10. Field and Pool or Exploratory Area
WC-024 G-08 S25323G LBS

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 30 T25S R32E Mer NMP SENW 2446FNL 1655FWL
2486 1594

11. County or Parish, State
LEA 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 checked="" type="checkbox"/> Other Drilling Operations
	<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 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.

(7/29/2017 - 7/31/2017) Spud @ 18:00. TD 17-1/2" hole @ 1064'. RIH w/24 jts 13-3/8" 54.50# J-55 BTC csg, set @ 1052'. Lead w/1260 sx CIC, yld 1.34, 14-80 cu ft/sx. Disp w/136 bbl brine. Circ 539 sx cmt to surf. PT BOPE 250/5000 psi, held each test for 10 min, OK. PT csg to 1500 psi for 30 min, good test.

(8/1/2017 - 8/4/2017) TD 12-1/4" hole @ 4345'. RIH w/102 jts 9-5/8" 40# J-55 BTC csg, set @ 4330'. Lead cmt w/1095 sx, yld 1.87, 12.90 cu ft/sx. Tail w/440 sx CIC, yld 1.33, 14.80 cu ft/sx. Disp w/325 bbl wtr. Circ 150 bbl cmt to surf. PT BOPE 250/5000 psi, held each test for 10 min, OK. PT csg to 2765 psi for 30 min, good test.

(8/9/2017 - 8/18/2017) TD 8-3/4" hole @ 10,842' & TD 8-1/2" hole @ 17,783'. RIH w/422 jts 5-1/2" 17# P110RY CDC-HTQ csg, set @ 17,768'. Lead cmt w/780 sx, yld 2.91, 11.00 cu ft/sx. Tail in

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #385369 verified by the BLM Well Information System
For DEVON ENERGY PROD CO., L.P., sent to the Hobbs
Committed to AFMSS for processing by JENNIFER SANCHEZ on 08/31/2017 ()**

Name (Printed/Typed) LINDA GOOD Title REGULATORY SPECIALIST

Signature (Electronic Submission) Date 08/21/2017

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date SEP 6 2017

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) **** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

Handwritten signatures and stamps:
ACCEPTED FOR RECORD
SEP 6 2017
BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
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Additional data for EC transaction #385369 that would not fit on the form

32. Additional remarks, continued

w/1480 sx, yld 1.46, 13.20 cu ft/sx. Disp w/411 bbl FW. Release Rig 08:00 hrs.