

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010**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.  
NMNM0503

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
COTTON DRAW 11 FEDERAL COM 1H9. API Well No.  
30-015-3972910. Field and Pool, or Exploratory  
COTTON DRAW; DELAWARE SOU11. County or Parish, and State  
EDDY COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well

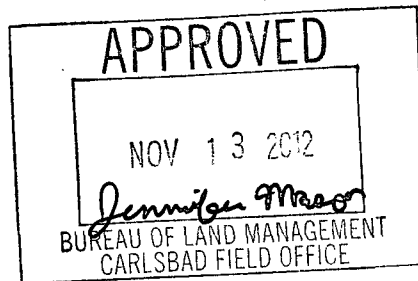
☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator  
DEVON ENERGY PRODUCTION CO., LP  
Contact: ERIN WORKMAN  
E-Mail: ERIN.WORKMAN@DVN.COM3a. Address  
333 W. SHERIDAN AVE.  
OKC, OK 731023b. Phone No. (include area code)  
Ph: 405-552-79704. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 11 T25S R31E 330FSL 660FEL

## 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<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
	<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 recomplete 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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

DEVON ENERGY PRODUCTION COMPANY, LP RESPECTFULLY REQUESTS TO CHANGE THE NAME OF THE COTTON DRAW 11 FEDERAL COM 1H TO THE CDU 158H. SEC. 11, T25S, R31E, EDDY COUNTY, NM TO CDU 158H.

SUBJECT TO LIKE  
APPROVAL BY STATE

Engineering Reviewed 11/13/12 JWM

14. Thereby certify that the foregoing is true and correct.

Electronic Submission #152677 verified by the BLM Well Information System  
For DEVON ENERGY PRODUCTION CO., LP, sent to the Hobbs  
Committed to AFMSS for processing by KURT SIMMONS on 10/24/2012 ()

Name (Printed/Typed) ERIN WORKMAN

Title REGULATORY COMPLIANCE ASSOC.

Signature (Electronic Submission)

Date 10/01/2012

Accepted for record  
NMOC D 10/16/12  
H/16/12

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Date

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

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.

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***