	UNITED STATES PARTMENT OF THE IN	TERIOR	-1-	FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010
BUREAU OF LAND MANAGEMEN		GEMENT OCD Artes	5. Lease Su	
Do not use this	NOTICES AND REPOR form for proposals to Use Form 3160-3 (AP	drill or to re-enter a	6. If Indian	, Allottee or Tribe Name
	IT IN TRIPLICATE - Other in	structions on page 2.	7. If Unit o	f CA/Agreement, Name and/or No.
I. Type of Well Øil Well Gas V				me and No. 20 FEDERAL COM 1H
2. Name of Operator DEVON ENERGY PRODUCTIO	N COMPANY, LP (6137)		9. API We 30-015	II No. -39393
3a. Address PO. BOX 250 ARTESIA NM, 88211	[3]	 b. Phone No. (include area co 575-748-3371 		nd Pool or Exploratory Area BERRY; BONE SPRING,NW
 Location of Well (Footage, Sec., T. 425 FNL 330 FWL, SEC. 20-T19S-R31E 	"R.,M., or Survey Description)			y or Parish, State ' COUNTY, NM
12. CHE	CK THE APPROPRIATE BOX	(ES) TO INDICATE NATUR	E OF NOTICE, REPOR	T OR OTHER DATA
TYPE OF SUBMISSION		ТУ	PE OF ACTION	
Notice of Intent	Acidize Alter Casing Casing Repair	Deepen Fracture Treat New Construction	Production (Start	Well Integrity Other
Final Abandonment Notice	Change Plans	Plug and Abandon Plug Back	Temporarily Aba	ndon DOWNSIZING
THIS LOCATION HAS BEEN DOW	VNSIZED FROM AN ORGIN/	L PAD OF 420 X 350. (DIA	AGRAM ATTACHED)	
		RECEIVED	ACCEP	TED FOR RECORD
ACRES RECLAIMED = .9436 ADDick ADDick ADDick NMOCI		NOV 27 2012 MOCD ARTES!A	4	TED FOR RECORD
H2Dade Accomised for NMOCI	12/5/12 1000001 D	NOV 27 2012 MOCD ARTES!A	BUPCAL	NOV 2 5 2012
H2Dide Accepted for NMOCI	12/5/12 NI D true and correct. Name (Printed/	NOV 27 2012 MOCD ARTES!A	BUPCAL	NOV 2 5 2012 Jor LAND MANAGEMENT
H2Dick ACCEPTIED for NMOCI 14. 1 hereby certify that the foregoing is 1	12/5/12 NI D true and correct. Name (Printed/	NOV 27 2012 MOCD ARTES!A	BUPCAL CAT	NOV 2 5 2012 Jor LAND MANAGEMENT
HD Lick Moci 14. 1 hereby certify that the foregoing is JOHN ADRIAN SAIZ (575) 746	12/5/12 NI D true and correct. Name (Printed/1 S-5552	NOV 27 2012 MOCD ARTES!A	BUPCAL CAT	NOV 2 5 2012 JOF LAND MANAGEMENT ILSBAD FIELD OFFICE
14. I hereby certify that the foregoing is I JOHN ADRIAN SAIZ (575) 746	12/5/12 NI D true and correct. Name (Printed/1 S-5552	NOV 27 2012 MOCD ARTES!A Typed) Title FIELD A Date 08/28/20	BUPCAL CAT	NOV 2 5 2012 JOF LAND MANAGEMENT ILSBAD FIELD OFFICE
Approved by Conditions of approval, if any, are attached hat the applicant holds legal or equitable nutle the applicant to conduct operations	12/5/12 True and correct. Name (Printed/1 5-5552 THIS SPACE For title to those rights in the subject I s thereon.	NOV 2 7 2012 MOCD ARTES!A Typed) Title FIELD A Date 08/28/20 OR FEDERAL OR ST OR FEDERAL OR ST Title Office	ADMIN SUPPORT	NOV 2 5 2012 JOF LAND MANAGEMENT ILSBAD FIELD OFFICE