

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2014

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.
NM000503

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE – Other instructions on page 2.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
Devon Energy Production Company, L.P.

3a. Address
333 W. Sheridan Avenue
Oklahoma City, Oklahoma 73102

3b. Phone No. (include area code)
405-228-4248

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

330' FNL & 1980' FWL, Unit M, Sec 11, T25S-R31E

7. If Unit of CA/Agreement, Name and/or No.
NMNM-070928-X

8. Well Name and No.
Cotton Draw Unit 163H

9. API Well No.
30-015-39375

10. Field and Pool or Exploratory Area
Cotton Draw; Delaware South

11. County or Parish, State
Eddy, 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"/> 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 Spud Report
	<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 recompleat 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 recompleat 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.)

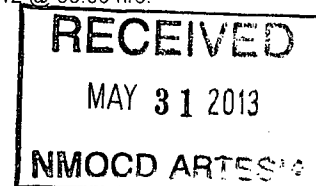
12/08/12 – 12/09/12: Spud well on 12/08/12 @ 03:00 hrs. TD 17-1/2" hole @ 729'. RIH w/13 jts 13-3/8" 48# H-40 STC csg & set @ 729'. Lead w/1194 sx CI "C" cmt, yld: 1.35 cf/sx. Disp w/99 bbls FW. Circ 301 sx to surf. Test BOP, Blinds, CK Manifold, Annular 250 psi L 5000 psi H, 10 mins; good test. Test casing to 1210 psi, held for 30 min, good test.

12/10/12 -12/13/12: TD 12-1/4" hole @ 4352'. CHC. RIH w/99 jts 9-5/8" 40# J-55 LTC csg & set @ 4331'. Lead w/ 700 sx CI C, yld 2.05 cf/sx. Tail w/ 300 sx CI C, yld: 1.38 cf/sx; displ w/316 bbls FW. Circ 55 sx to surface. RU Tester & test CK manifold, floor valves, & BOP's to 5000 psi H, 250 psi L. Test annular to 3500 psi H, 250 psi L. Held all tests for 10 min. Pressure test casing to 1500 psi and hold for 30 minutes.

12/28/12 - 12/30/12: TD 8-3/4" production holes @ 12,552'. CHC. RIH w/119 jts 5-1/2" 17# HCP-110 BTC & 166 jts 5-1/2" HCP 110 LTC csg, set @ 12524'. CHC. 1st lead w/400 sx CI H, Yld 2.29 cf/sx, 2nd Lead w/400 sx CI H, Yld 2.01 cf/sx. Tail w/1,400 sx CI "H" cmt, Yld 1.28 cf/sx; disp w/ 290 bbls of FW. Lost returns into displacement. Did not circulate cmt. TOC @ 3894'. RDMO. Release Rig on 12/30/12 @ 06:00 hrs.

Accepted for record
NMOCD

LRD Code 6/7/2013



14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Patti Riechers

Title Regulatory Specialist

Signature

Patti Riechers

Date 05/15/2013

ACCEPTED FOR RECORD

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

MAY 25 2013

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.

(Instructions on page 2)

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE