Form 3160-5 (March 2012)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED

OMB No. 1004-0137

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an

Expires: October 31, 2014	
5. Lease Serial No. NM-00503	
6. If Indian, Allottee or Tribe Name	

abandoned well.	Use Form 3160-3 (A	APD) for such p	roposals.				
SUBMIT IN TRIPLICATE – Other instructions on page 2.				7. If Unit of CA/Agree	ement, Name and/or No.		
1. Type of Well							
✓ Oil Well Gas Well Other					8. Well Name and No. Cotton Draw Unit 164H		
2. Name of Operator Devon Energy Production Company	y, L.P.			9. API Well No. 30-015-39376			
3a. Address 333 W. Sheridan Avenue 3b. Phone 3			ıde area code)		10. Field and Pool or Exploratory Area		
Oklahoma City, Oklahoma 73102 405-228-42				Paduca; Bone Sprir	Paduca; Bone Spring (O)		
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 330 FNL & 1980 FEL, Sec 11, T25S-R31E, Unit B				11. County or Parish, Eddy County, NM	11. County or Parish, State Eddy County, NM		
12. CHE	CK THE APPROPRIATE B	OX(ES) TO INDICAT	E NATURE OF	NOTICE, REPORT OR OTH	ER DATA		
TYPE OF SUBMISSION			OF ACTION				
Notice of Intent	Acidize Alter Casing	Deepen Fracture Tr	eat [Production (Start/Resume) Reclamation	Water Shut-Off Well Integrity		
✓ Subsequent Report	Casing Repair	New Const	ruction	Recomplete	Other		
Final Abandonment Notice	Change Plans Convert to Injection	Plug and A Plug Back	bandon [Temporarily Abandon Water Disposal	Completion	1 Report	
testing has been completed. Final determined that the site is ready for the state of the state o	or final inspection.) of to PBTD - 14,341'. Dispins. Perforated Bone Sprick# 100 mesh sd, 1,557K#	hole clean. Tested ing, 10760' – 14,302' # 30/50 white sd, 10 0 ///6//3 c for record	casing to 3200 3360 holes. F	psi for 30 min. OK. Ran C rac'd 10760 – 14,302' in 10	BL from 9970 to 3900 Stages. Frac Totals: production. R RECORD 2013 MANAGEMENT	'. TOC @	
14. I hereby certify that the foregoing is Patti Riechers	true and correct. Name (Prin		le Regulatory	Specialist		1	
		110	- rogalatory	- Positinot		-	
Signature Patti Lie	thers)	Dai	o9/26/2013				
	THIS SPACE	E FOR FEDERA	L OR STAT	E OFFICE USE			
Approved by							
	,.,	· 	Title		Date		
Conditions of approval, if any, are attached that the applicant holds legal or equitable entitle the applicant to conduct operation	e title to those rights in the sub		Office				
Tide 18 U.S.C. Section 1001 and Title 4 fictitious or fraudulent statements or rep			knowingly and v	willfully to make to any departm	ent or agency of the Unite	d States any false	