Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010

ARTMENT OF THE INTERIOR	Expires: July 31, 2010		
AU OF LAND MANAGEMENT	5. Lease Serial No.	BHL: NMNM0405444	

STINDBY N	OTICES AND DEDO	DTS ON ME	10		6 161 15 10 11	77 '1 \7	
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.			6. If Indian, Allottee or Tribe Name				
				.	7. If Unit of CA/Ag	raomant Numa	and/or No
	IN TRIPLICATE - Other	instructions on p	age 2.		7. If Ollit of CAPAG	recinent, tvanie	and of 140.
1. Type of Well ✓ Oil Well Gas Well Other				8. Well Name and No. Aldabra 26 Fed Com 8H			
Name of Operator Devon Energy Production Company, L.P.				9. API Well No. 30-015-38624			
3a. Address		3b. Phone No. (in	clude area cod	le)	10. Field and Pool o	r Exploratory A	rea
333 West Sheridan, Oklah	oma City, OK 73102	405-228-4	1248	Wildcat; Bone Spring			
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 350' FSL & 445' FEL Unit P, Sec 26, T23S, R31E 332' FNL & 654' FEL Unit A, Sec 26, T23S, R31E PP: 239' FSL & 403' FEL			11. Country or Parish, State Eddy, NM				
12. CHEC	K THE APPROPRIATE BO	X(ES) TO INDICA	ATÉ NATURE	OF NOTIC	CE, REPORT OR OT	HER DATA	
TYPE OF SUBMISSION	TYPE OF ACTI				NOI		
	Acidize	Dcepen			uction (Start/Resume)	□ Wate	r Shut-Off
Notice of Intent	Alter Casing	Fracture	Treat		amation	=	Integrity
	Casing Repair	=	struction		Recomplete		Completion Report
Subsequent Report	Change Plans	Plug and	Abandon	=	porarily Abandon		
Final Ahandonment Notice	Convert to Injection	Plug Bac		☐ Wate	er Disposat		
12/27/13-1/19/14 :MIRU WL 8 total 768 holes Frac'd in 16 sta ND frac, MIRU PU, NU BOP, DO	ges. Frac totals 48,000g	15% HCL, 384,	260# CRC 40)/70 sand,	958,960# 40/70 s TOP. NM OIL CO	sand. 945,16	0# 100 MESH.
(ACCEPTED TO YOUR TO NAME OF THE NAME OF TH	cord			JUL	0 3 2014	
					REC	EIVED	
 I hereby certify that the foregoing is to Name (Printed/Typed) 	ue and correct.				***		
		tory Com	pliance Analyst				
Signature	2	D	ate 3/5/20	014			
	THIS SPACE	FOR FEDERA	AL OR ST	ATE OF	FICE USE		
Approved by							
			Title			Date	
Conditions of approval, if any, are attached that the applicant holds legal or equitable tientitle the applicant to conduct operations t	tle to those rights in the subjec-		fy			1 (1)	

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.