



U.S. Department of the Interior

Well
Information System

TAMI SHIPLEY

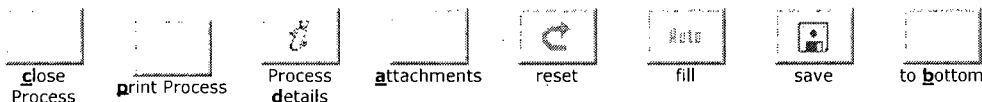


30-015-41795

(Process Number: 3160-4)

Process Name: Well Completion or Re-Completion Report ...
Process Instance Identifier: 00791-01260

Viewing



Form 3160-4
(August 2007)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WELL COMPLETION OR RE-COMPLETION REPORT AND LOG

Bold* fields are required.

Section 1 - Completed by Operator	
1. BLM Office* Carlsbad, NM	2. Well Type* OIL
3. Completion Type* New Well	
Operating Company Information	
4. Company Name* DEVON ENERGY CORPORATION	
5. Address* 333 WEST SHERIDAN AVE OKC OK 73102	6. Phone Number* 405-228-2816
Administrative Contact Information	
7. Contact Name* TAMI _ SHIPLEY	8. Title* REGULATORY ANALYST
9. Address* 333 WEST SHERIDAN AVENUE OKLAHOMA CITY OK 73102	10. Phone Number* 405-228-2816
12. E-mail* tami.shipley@dvn.com	11. Mobile Number ARTESIA DISTRICT AUG 05 2014
	13. Fax Number RECEIVED
Technical Contact Information	

Pending BLM approvals will
subsequently be reviewed
and scanned

☒ Check here if Technical Contact is the same as Administrative Contact.

14. Contact Name*

15. Title*

16. Address*

17. Phone Number*

18. Mobile Number

19. E-mail*

20. Fax Number

Surface Location

21. Specify location using one of the following methods:

- a) State, County, Section, Township, Range, Meridian, N/S Footage, E/W Footage, with Qtr/Qtr, Lot, or Tract
b) State, County, Latitude, Longitude, Metes & Bounds description

State* NM	County or Parish* EDDY			
Section 29	Township 18S	Range 31E	Meridian	
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage 1475 FSL	E/W Footage 342 FEL
Latitude —	Longitude —	Metes and Bounds		

Producing Interval Location

22. Specify location or

☒ Check here if the producing hole location is the same as the surface location.

State* —	County or Parish* —			
Section —	Township —	Range —	Meridian	
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage —	E/W Footage —
Latitude —	Longitude —	Metes and Bounds		

Bottom Location

23. Specify location or

☐ Check here if the bottom hole location is the same as the surface location.

State* NM	County or Parish* EDDY			
Section 28	Township 18S	Range 31E	Meridian	
Qtr/Qtr —	Lot # —	Tract # —	N/S Footage 1690 FSL	E/W Footage 329 FEL
Metes and Bounds				

Latitude	Longitude									
Lease and Agreement										
24. Lease Serial Number* NMLC029390A										
26. If Unit or CA/Agreement, Name and/or Number						27. Field and Pool, or Exploratory Area* SHUGART WEST; BONE SPRING				
Well										
28. Well Name* SARGAS 28 FED COM				29. Well Number* 3H			30. API Number 30-015-41795			
31. Date Spudded 01/19/2014		32. Date T.D. Reached 02/15/2014		33. Date Completed 04/28/2014 <input type="checkbox"/> Dry & Abandoned <input checked="" type="checkbox"/> Ready to Produce			34. Elevations (DF, RKB, RT, GL) 3612 Ground Level			
35. Total Depth: MD 13738 TVD 8838			36. Plug Back Total Depth: MD 13672 TVD _____			37. Depth Bridge Plug Set: MD _____ TVD _____				
38. Type Electric & Other Mechanical Logs Run (Submit copy of each) NONE						39. Was Well Cored? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Analysis) Was DST run? <input checked="" type="radio"/> No <input type="radio"/> Yes (Submit Report) Directional Survey? <input type="radio"/> No <input checked="" type="radio"/> Yes (Submit Copy)				
40. Casing and Liner Record (Report all strings set in well)										
Hole Size	Casing Size	Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks.	Slurry Vol. (BBL)	Cement Top	Amount Pulled
17.5	13.375	H40	48	146	707	_____	835	_____	0	_____
12.25	9.625	HCK55	40	707	4415	_____	1833	_____	2113	_____
8.75	5.5	P110	17	4415	13721	_____	2331	_____	1110	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
41. Tubing Record						42. Producing Intervals				
Size	Depth Set (MD)	Packer Depth (MD)	Formation				Top (MD)	Bottom (MD)		
2.875	8471	_____	A) BONE SPRINGS 2ND				8044	8816		
_____	_____	_____	B) _____				_____	_____		
_____	_____	_____	C) _____				_____	_____		
_____	_____	_____	D) _____				_____	_____		
43. Perforation Record										

Top	Bottom	Size	No. Holes	Perf. Status
9130	13662	3.13	520	OPEN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

44. Acid, Fracture, Treatment, Cement Squeeze, etc.

Top	Bottom	Amount and Type of Material
9130	13662	52,079 GAL 15% HCL; 534,720# 100 MESH; 1,788,180# 30/50; 962,260# 20/40
_____	_____	_____
_____	_____	_____
_____	_____	_____

45. Production Method and Well Status for Production Intervals

Production Method Flows From Well	Well Status Producing Oil Well
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46. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
04/23/2014	05/21/2014	24	>>>>>	520	605	768	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	150	360	>>>>>	520	605	768	_____	_____

47. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____

48. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____
Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____

49. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil (BBL)	Gas (MCF)	Water (BBL)	Oil Gravity Corr. API	Gas Gravity
_____	_____	_____	>>>>>	_____	_____	_____	_____	_____

Choke Size	Tubing Pressure Flowing / Shut In	Casing Pressure	24 Hour Rate	Oil (BBL)	Gas (MCF)	Water (BBL)	Gas/Oil Ratio	
			>>>>>					

50. Disposition of Gas (*Sold, used for fuel, vented, etc.*)

Sold

51. Summary of Porous Zones (*Include Aquifers*):

Show all important zones of porosity and contents thereof. Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

52. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top (MD)
RUSTLER	615	760	BARREN	RUSTLER	615
SALADO	760	2038	BARREN	SALADO	760
TANSIL	2038	2160	BARREN	TANSIL	2038
YTES	2160	2383	OIL	YTES	2160
SVRV	2383	3260	OIL	SVRV	2883
QUEEN	3260	4657	OIL	QUEEN	3260
DLWR	4657	6275	OIL	DLWR	4657
1ST BSLM	6275	7777	OIL	1ST BSLM	6275

53. Additional remarks (include plugging procedure):

1BSS 7777 7818 oil
 1st BSPG 7818 7867 oil
 1st BSPG base 7867 7883 oil
 1st BSPG mid 7883 7918 oil
 1st BSPG midbase 7918 7959 oil
 1st BSSS 7959 8044 oil
 1st BSSS base 8044 8816 oil
 2nd BSPG 8816 8917 oil
 2nd BSPG base 8917 8958 oil
 2nd BSPG mid 8917 unknown oil

*Directional survey, and As Drilled plat to be sent via Fed-Ex, overnight.
 C-104 previously submitted on 7/17/14.

54. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☐ Electrical/Mechanical Logs (1 full set req'd.) ☐ Geologic Report ☐ DST Report ☒ Directional Survey
- ☐ Sundry Notice for plugging and cement verification ☐ Core Analysis ☐ Other:

I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

55. Name
TAMI SHIPLEY

56. Title
REGULATORY ANALYST

57. Date* (MM/DD/YYYY)
07/28/2014 Today

58. Signature*
You have the ability to sign this form only if a SmartCard or digital certificate has been issued to you.

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.

Section 2 - System Receipt Confirmation

59. Transaction

60. Date Sent

61. Processing Office

Section 3 - Internal Review #1 Status

62. Review Category

63. Date Completed

64. Reviewer Name

65. Comments

Section 4 - Internal Review #2 Status

66. Review Category

67. Date Completed

68. Reviewer Name

69. Comments

Section 5 - Internal Review #3 Status

70. Review Category _____	71. Date Completed _____	72. Reviewer Name _____
73. Comments 		

Section 6 - Internal Review #4 Status		
74. Review Category _____	75. Date Completed _____	76. Reviewer Name _____
77. Comments 		

Section 7 - Final Approval Status			
78. Disposition _____	79. Date Completed _____	80. Reviewer Name _____	81. Reviewer Title _____
82. Comments 			

INSTRUCTIONS

GENERAL: This form is designed for submitting a complete and correct well completion/recompletion report and log on all types of wellson Federal and Indian leases to a Federal agency, pursuant to applicable Federal laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal office.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, and all types electric), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal laws and regulations. All attachments should be listed on this form, see item 33.

ITEMS 24, 22, and 23: Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local Federal office for specific instructions.

ITEM 34: Indicate which reported elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

ITEM 40: Show how reported top(s) of cement were determined, i.e. circulated (CIR), or calculated (CAL), or cement bond log (CBL), or temperature survey (TS).

PRIVACY ACT

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is to be used to evaluate the actual operations performed in the drilling, completing and testing of a well on a Federal or Indian lease.

ROUTINE USES: (1) Evaluate the equipment and procedures used during the drilling and completing/recompleting of a well. (2) The review of geologic zones and formation encountered during drilling. (3) Analyze future applications to drill in light of data obtained and methods used. (4) (5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

EFFECT OF NOT PROVIDING THE INFORMATION: Filing of this report and disclosure of the information is mandatory once a well drilled on a Federal or Indian lease is completed/recompleted.

The Paperwork Reduction Act of 1995 requires us to inform you that:

This information is being collected to allow evaluation of the technical, safety, and environmental factors involved with drilling and completing/recompleting wells on Federal and Indian oil and gas leases.










This information will be used to analyze operations and to compare equipment and procedures actually used with those proposed and approved.

Response to this request is mandatory only if the operator elects to initiate drilling completing/recompleting and operations on an oil and gas lease.

BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

BURDEN HOURS STATEMENT

Public reporting burden for this form is estimated to average 60 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0137), Bureau Information Collection Clearance Officer, (WO-630), MS 401 LS, 1849 C Street, N.W., Washington, D.C. 20240.

 close Process	 print Process	 Process details	 attachments	 reset	 Auto fill	 save	 to top	Process Actions:	Transfer 	OK
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