Form 3160-5 (March 2012)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVE	D
OMB No. 1004-01	37
Expires: October 31	201

5. Lease Serial No. BHL: NMNM 036379 SHL: NMNM012121

6. If Indian, Allottee or Tribe Name

NM 012121 0503

# 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.

fictitious or fraudulent statements or representations as to any matter within its jurisdiction:

(Instructions on page 2)

7. If Unit of CA/Agreement, Name and/or No. SUBMIT IN TRIPLICATE - Other instructions on page 2. COTTON DRAW UNIT XMMNM-070928-X 1. Type of Well Well Name and No Oil Well Other Gas Well **COTTON DRAW UNIT 163H** API Well No. 30-015-39375 2. Name of Operator DEVON ENERGY PRODUCTION CO LP 10. Field and Pool or Exploratory Area 3a. Address 3b. Phone No. (include area code) PO BOX 250 ARTESIA, NM 88211 COTTON DRAW: DELAWARE SOUTH 575-748-3371 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 11. County or Parish, State EDDY COUNTY, NM 330' FNL & 1980' FEL. UNIT C. SEC 11, T25S, R31E 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Acidize Water Shut-Off Deepen Production (Start/Resume) Notice of Intent Alter Casing Fracture Treat Reclamation Well Integrity New Construction Casing Repair Recomplete Other ✓ Subsequent Report Change Plans Plug and Abandon Final Abandonment Notice Convert to Injection Plug Back 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 recomplete 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 recompletion 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.) THIS LOCATION HAS BEEN DOWNSIZED FROM AN ORIGINAL PAD OF 350' X 420'. ACRES RECLAIMED = 0.5591 NM OIL CONSERVATION ARTESIA DISTRICT SEP 24 2014 Accepted for Record Purposes. RECEIVED Approval Subject to Onsite Inspection. 14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) **DENISE MENOUD** Title ADMIN FIELD SUPPORT 4 (575-746-5544) Date 4/1/2014 Signature THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved by Date 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 Office entitle the applicant to conduct operations thereon. 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,

## devon

#### Interim Site Reclamation

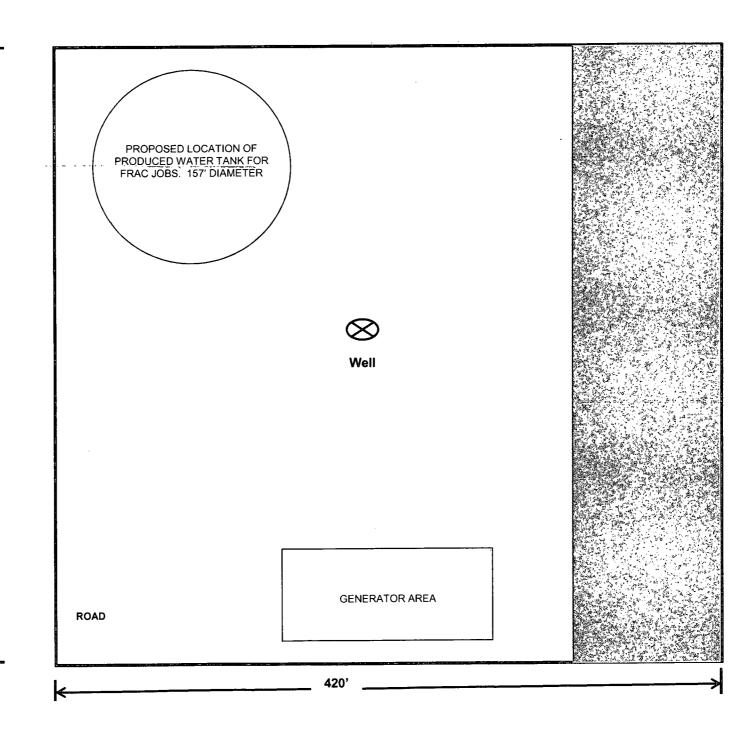
Devon Energy Production Co. Cotton Draw Unit 163H API #30-015-39375 Sec. 11-T25S-R31E Eddy County, NM

Accepted for Record Purpose Approval Subject to Onsite Ir Date:

350'

R =

Area
Reclaimed
= 0.5591 Acres



Form 3160-5 (August 2007)

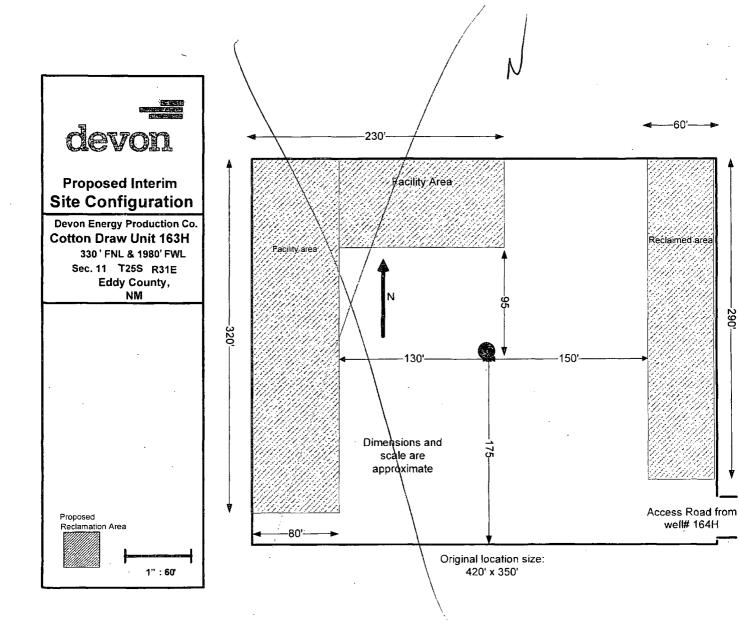
### UNITED STATES DEPARTMENT OF THE INTERIOR

OCD Artesia

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

DIDEATION AND NAMED OF	EKIOK	Expires: July 31, 2010
BUREAU OF LAND MANAGEMENT		5. Lease Serial No. NM-000503
SUNDRY NOTICES AND REPORT		6. If Indian, Allottee or Tribe Name
Do not use this form for proposals to de abandoned well. Use Form 3160-3 (APD)	rill or to re-enter an for such proposals	S
SUBMIT IN TRIPLICATE - Other instr	ructions on page 2.	7. If Unit of CA/Agreement, Name and/or No.
1. Type of Well		8. Well Name and No.
☐ Oil Well ☐ Gas Well ☐ Other		COTTON DRAW UNIT #163H
Name of Operator DEVON ENERGY PRODUCTION CO. LP (6137)		9. API Well No. 30-015-39375
PO BOX 250 ARTESIA, NM 88211	Phone No. (include area coa 575-748-3371	de) 10. Field and Pool or Exploratory Area COTTON DRAW; DELAWARE SOUTH
4. Location of Well (Footage, Sec., T., R.M., or Survey Description)		11. Country or Parish, State
330 FNL & 1980 FWL, UNIT C, SEC 11, T25S, R31E		EDDY COUNTY, NM
12. CHECK THE APPROPRIATE BOX(E	S) TO INDICATE NATURE	E OF NOTICE, REPORT OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
✓ Notice of Intent	Deepen	Production (Start/Resume) Water Shut-Off
Alter Casing	Fracture Treat	Reclamation Well Integrity
Subsequent Report Casing Repair	New Construction	RecompleteOther
Final Abandonment Notice Convert to Injection	Plug and Abandon Plug Back	Temporarily Abandon Water Disposal
DEVON ENERGY PRODUCTION CO LP RESPECTFULLY REQUIREMENTS OF THE COTTON DRAW UNIT #158 BATTERY THROUGH A FLOW THANK YOU.  ACCO	/LINE AS SHOWN ON TH	HE ATTACHED MAP.
	NMOCD 169 428	PEB 2 8 2013  NMOCD ARTESIA
14. I hereby certify that the foregoing is true and correct. Name (Printed/Ty)	Pied for record NMOCD 165 2/28/	PEB 2 8 2013  NMOCD ARTESIA
	ped)	FEB 2 8 2013  NMOCD ARTESIA  FIELD SUPPORT 4
14. I hereby certify that the foregoing is true and correct. Name (Printed/Ty)	ped)	FIELD SUPPORT 4
14. I hereby certify that the foregoing is true and correct. Name (Printed Ty)  DENISE MENOUD (575-746-5544)  Signature	Title ADMIN	FIELD SUPPORT 4
14. I hereby certify that the foregoing is true and correct. Name (Printed Ty)  DENISE MENOUD (575-746-5544)  Signature	Title ADMIN  Date 2/20/20	FIELD SUPPORT 4

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.



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