

OCD Artesia

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**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.**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM66437
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY		6. If Indian, Allottee or Tribe Name
Contact: MEGAN MORAVEC megan.moravec@dvn.com		7. If Unit or CA/Agreement, Name and/or No. NMNM128248
3a. Address 333 WEST SHERIDAN AVENUE OKLAHOMA CITY, OK 73102	3b. Phone No. (include area code) Ph: 405-552-3622	8. Well Name and No. HELIOS 6, FED COM 3H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 6 T19S R31E SESE 195FSL 270FEL		9. API Well No. 30-015-41619
		10. Field and Pool, or Exploratory HACKBERRY; BONE SPRING
		11. County or Parish, and State EDDY COUNTY COUNTY, NM

12. CHECK 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<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 recompletable 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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

(7/6/14-7/8/14) Spud @ 02:30 hrs. TD 17-1/2? hole @ 650?. RIH w/ 16 jts 13-3/8? 48# H-40 STC csg, set @ 650?. Lead w/ 700 sks CIC, yld 1.34 Disp w/ 96 bbls FW. Circ 175 sks good cmt to surf. PT BOPE @ 250/3000 psi, OK. PT csg @ 1211 psi for 30 min, OK.

(7/12/14-7/15/14) TD 12-1/4? hole @ 4005?. RIH w/ 97 jts 9-5/8? 40# HCK-55 BTC csg, set @ 4005?. Lead w/ 1400 sks CIC, yld 1.73 cu ft/sk. Tail w/ 500 sks CIC, yld 1.37 cu ft/sk. Disp w/ 300 bbls FW. Circ 162 sks cmt to surf. PT BOPE @ 250/3000 psi, OK. PT csg @ 1500 psi w/ battle testers, Good.

(7/23/14-7/27/14) TD 8-3/4? hole @ 12587?. RIH w/ 288 jts 5-1/2? 17# P-110 BTC SCC csg, set @ 12587?. Lead w/ 655 sks CIH, yld 2.01 cu ft/sk. Tail w/ 1561 sks CIH, yld 1.28 cu ft/sk. Disp w/ 291 bbls FW. RR @ 18:00 hrs.

APD 11/10/14
ACCEPTED FOR RECORD
NMNM66

14. I hereby certify that the foregoing is true and correct.		ACCEPTED FOR RECORD	
Electronic Submission #274814 verified by the BLM Well Information System For DEVON ENERGY PRODUCTION COMPAN, sent to the Carlsbad Committed to AFMSS for processing by DINAH NEGRETE on 10/30/2014 ()			
Name (Printed/Typed) MEGAN MORAVEC	Title REGULATORY ANALYST	OCT 30 2014 <i>Dinah Negrete</i>	
Signature (Electronic Submission)	Date 10/30/2014		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE			
Approved By _____		BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE	
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.		Title _____ Date _____	
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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****