

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM 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.*5. Lease Serial No.
NMNM012121

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.7. If Unit or CA/Agreement, Name and/or No.
NMNM70928X

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
COTTON DRAW UNIT 207H

2. Name of Operator

DEVON ENERGY PRODUCTION COMPANY

Contact: MEGAN MORAVEC
Email: megan.moravec@devn.com9. API Well No.
30-015-42073

3a. Address

333 WEST SHERIDAN AVENUE
OKLAHOMA CITY, OK 73102

3b. Phone No. (include area code)

Ph: 405-552-3622

10. Field and Pool, or Exploratory
PADUCA; BONE SPRING (O)

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1/4 Sec 25 T24S R31E SWSW 150FSL 1300FWL

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 checked="" 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 type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 recompleat 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 recompleat 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.)

Please see the attached pressure test chart after setting the CIBP. The DVT is 160' higher than where the casing tally had it set at, which places the DVT @ 4353' and is only 5' below intermediate show. The CIBP top is set @ 15010', bottom @ 15013'.

Accepted for record
NM OGD
8/12/15

NM OIL CONSERVATION
ARTESIA DISTRICT
AUG 10 2015
RECEIVED

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #297293 verified by the BLM Well Information System
For DEVON ENERGY PRODUCTION COMPANY, sent to the Hobbs
Committed to AFMSS for processing by DEBORAH HAM on 06/16/2015

Name (Printed/Typed) MEGAN MORAVEC

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 04/06/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

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.

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 **

JOB REPORT



COMPANY DETAILS

COMPANY: devon
CONTACT:
LOCATION: CDU 207H

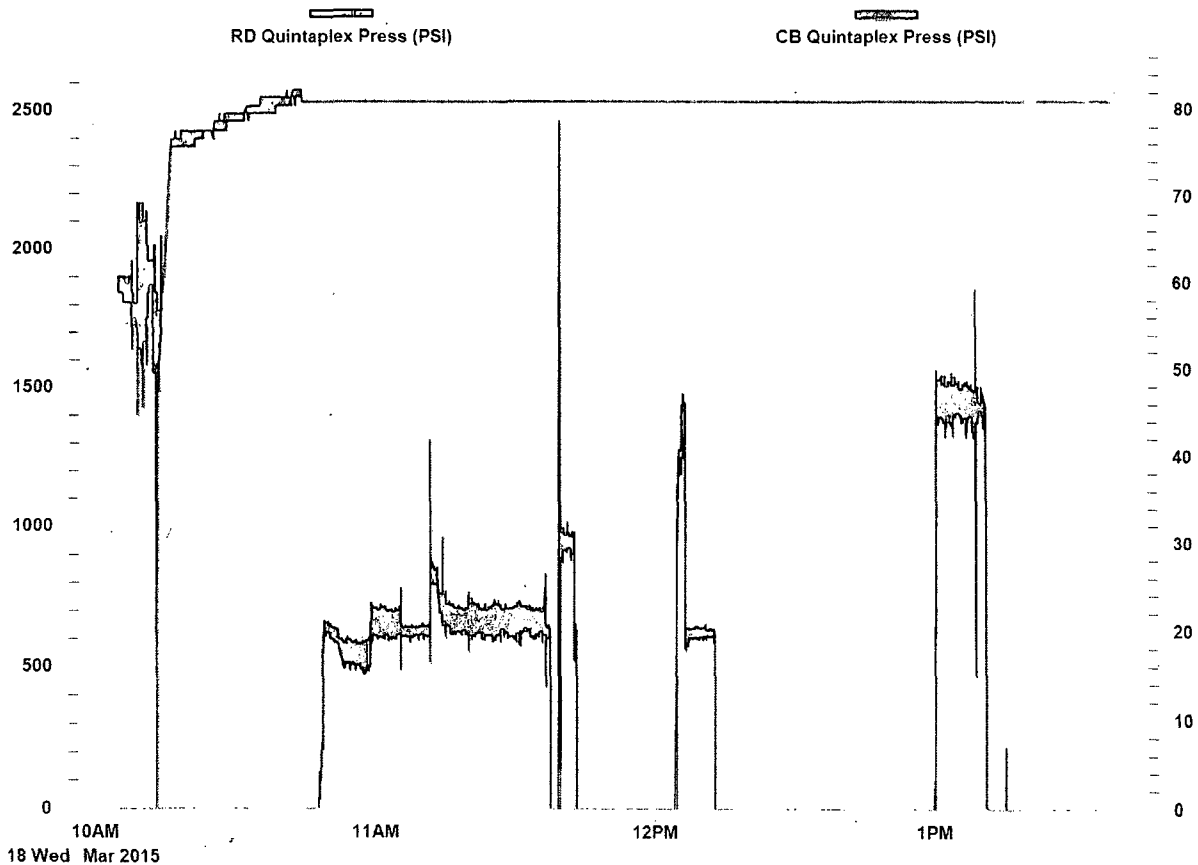
EMAIL:

JOB DETAILS

DATE March 20, 2015
START TIME 14:45:45
END TIME 14:47:06
LEASE: CDU207H
COUNTY: Eddy
STATE: New Mexico
FORMATION:

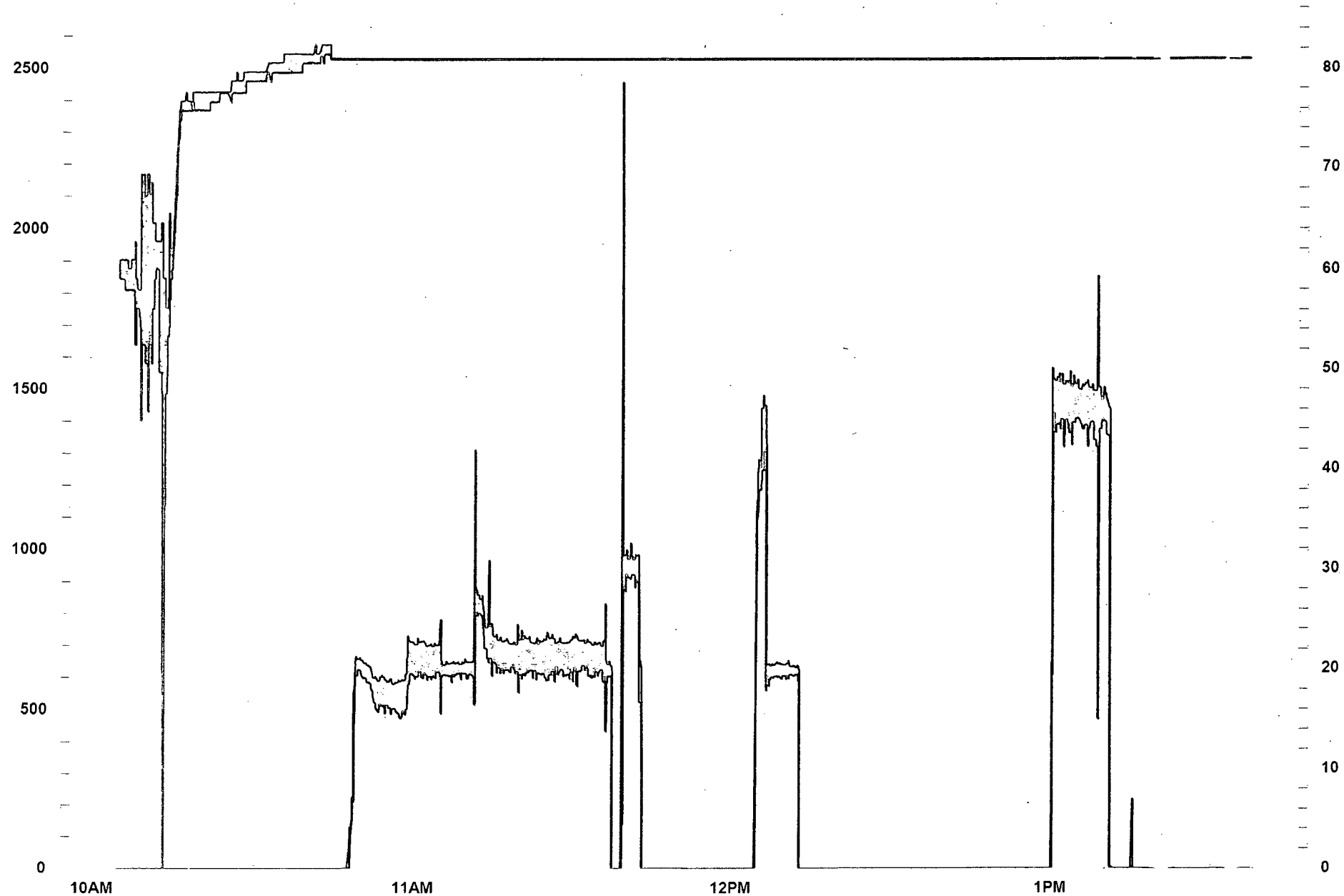
VOLUME:
PROPEL:
CHEM 1:
CHEM 2:
CHEM 3:

NOTES:



RD Quintaplex Press (PSI)

CB Quintaplex Press (PSI)



10AM
18 Wed Mar 2015

11AM

12PM

1PM

Report Created: 20-Mar-15