	Form 3160-5 (August 2007)		UNITED STATES EPARTMENT OF THE INTERIOR UREAU 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. SUBMIT IN TRIPLICATE - Other instructions on reverse side.						 5. Lease Serial No. NMLC069464A 6. If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No. NMNM127410 	
	1. Type of Well ⊠ Oil Well □ Gas Well □ Other					8. Well Name and No. STRAWBERRY 7 FED COM 10H		
	2. Name of Operator Contact: DENISE M DEVON ENERGY PRODUCTION CO EPMail: Denise.Menoud@dvn.co				NOUD m		9. API Well No. 30-015-41575-00-S1	
	3a. Address 333 WEST S OKLAHOMA	3b. Phone No. (include area code) Ph: 575-746-5544			10. Field and Pool, or Exploratory HACKBERRY			
	4. Location of We	ell (Footage, Sec., T.				11. County or Parish, and State		
	Sec 7 T19S R31E SESE 290FSL 195FEL 32.667658 N Lat, 103.900075 W Lon						EDDY COUNTY, NM	
	12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA							ER DATA
	TYPE OF SUBMISSION				TYPE OI	F ACTION		
	 Notice of Intent Subsequent Report 		🗆 Acidize 🛛 🗆		pen	Production (Start/Resume)		□ Water Shut-Off
			□ Alter Casing		Fracture Treat		ation	Well Integrity
			Casing Repair	•	□ New Construction		plete	□ Other
	📋 Final Abar	donment Notice	Change Plans Convert to Injection	🗋 Pluj	g and Abandon	U Tempor	rarily Abandon	
	THIS LOCA	ORIGINAL PAD LOCATION SIZ		Accep	Accepted for Record During			
	1.1			ARTESIA DISTRICT		Approval Subject to Onsite Inspecti If BLM Objectives are not achieved, additional work may 1		
	Accepted for record NEACOD			DEC 18	DEC 1 8 2015		additional work may be re Date: 12-12-15	
				RECEIVED Signat			$-Q.Q_{-}$	
	14. 1 hereby certify that the foregoing is true and correct. Electronic Submission #291535 verified by the BLM Well Information System For DEVON ENERGY PRODUCTION CO LP, sent to the Carlsbad Committed to AFMSS for processing by MARISSA KLEIN on 06/18/2015 (15MGK0124SE) Name (Printed/Typed) DENISE MENOUD Title AUTHORIZED REPRESENTATIVE							
	Signature	Signature (Electronic Submission)			Date 02/12/2015			
	THIS SPACE FOR FEDERAL OR STATE OFFICE USE							
	Approved By	Approved By			Title			Date
	Conditions of approval, if any, are attached. Approval of this notice does not wa certify that the applicant holds legal or equitable title to those rights in the subject which would entitle the applicant to conduct operations thereon.				Office			
	Title 18 U.S.C. Sect	tion 1001 and Title 43	U.S.C. Section 1212, make it a tatements or representations as				ake to any department	or agency of the United
	<u> </u>	** BLM REV	SED ** BLM REVISE	D ** BLM R	EVISED ** BLI	M REVISEI	D ** BLM REVIS	ED **