(August 2007)	DEPARTMENT OF THE I BUREAU OF LAND MANA		OCD A	Artesia .		O. 1004-0135 July 31, 2010		
SUND	RY NOTICES AND REPO	LLS		5. Lease Serial No. NMNM109644				
Do'not us abandoned		6. If Indian, Allottee or Tribe Name						
SUBMIT IN	TRIPLICATE - Other instru	ctions on reve	rse side.		7. If Unit or CA/Agreement, Name and/or No. NMNM123767			
Type of Well	Other .				Well Name and No.     REDSKINS FEDERAL COM 1			
Name of Operator     MACK ENERGY CORPC	Contact: RATION E-Mail: jerrys@me	JERRY W.SH ec.com	ERRELL	9. API Well No. 30-015-36511				
3a. Address PO BOX 960 ARTESIA, NM 88211-09	60	3b. Phone No. Ph: 575-748						
4. Location of Well (Footage, S	ec., T., R., M., or Survey Description	1)	11. County or Par			and State		
Sec 17 T16S R29E Mer N	NMP NESE 2285FSL 40FEL	•		EDDY COUNTY, NM				
12. CHECK	APPROPRIATE BOX(ES) TO	O INDICATE	NATURE OF N	NOTICE, RE	EPORT, OR OTHE	R DATA		
TYPE OF SUBMISSION	TYPE OF SUBMISSION			TYPE OF ACTION				
☐ Notice of Intent	☐ Acidize	Deep	en	Producti	on (Start/Resume)	■ Water Shut-Off		
_	☐ Alter Casing ☐ Frac		ure Treat	Reclama		■ Well Integrity		
Subsequent Report	☐ Casing Repair	■ New Construction		☐ Recomplete		Other		
☐ Final Abandonment Notice ☐ Change Plans			and Abandon	<ul><li>☐ Temporarily Abandon</li><li>☐ Water Disposal</li></ul>				
	Convert to Injection  d Operation (clearly state all pertine							
Attach the Bond under which the following completion of the invitesting has been completed. Findetermined that the site is ready	ectionally or recomplete horizontally ne work will be performed or provide rolved operations. If the operation re nail Abandonment Notices shall be fit for final inspection.)	e the Bond No. on esults in a multiple led only after all re	file with BLM/BIA completion or rece equirements, includ	A. Required sub empletion in a re ling reclamation	sequent reports shall be new interval, a Form 316 n, have been completed,	filed within 30 days 0-4 shall be filed once		
DD 12/24 Accepted for to NIAOCD	RVATION PRICT 2015	Accepted for Record Purposes.  Approval Subject to Onsite Inspection.  If BLM Objectives are not achieved, additional work may be required.  Date: /2-/2-/5  Signature: fames Or Onsite Inspection.						
14. I hereby certify that the foregon in the state of the	Electronic Submission #	ERGY CORPORA	ATION, sent to to V LINDA DENNIS	he Carlsbad	6/2015 ()			
Name(11mew typeu) JERF	AT W OF BETWEELE		THE FRODE	JOHON OLE	-1111	•	_	
Signature · (Elect	Date 10/19/2	015						
	THIS SPACE F	OR FEDERA	L OR STATE	OFFICE U	SE			
Approved By			Title Date			Date		
Conditions of approval, if any, are a certify that the applicant holds legal which would entitle the applicant to	Office							
T	1 42 11 0 0 0 1 1010 1 1			Ludlifollo to me	1 . 1	agamas of the United	_	

SUNDRY NOTICES AND EPEOPR'S ON WILL SATESIA OF STRICT  On order uses this form for proposate to drive or the results of the strict of the stri		UREAU OF LAND MANA	RIEKIUK SEMENT	- au COt	USERVAT	ON Expires: J	uly 31, 2010			
Submit in TriPLICATE - Other instructions on reverse side.   RECEIVED   T. If Splat occ Al-Agreement, Name and/or No.	CHNDDY	NOTICES AND DEDOS	JEMLINI STO ON 1865	NM OIL CO	DISTRICT	5. Lease Serial No.				
SUBMIT IN TRIPLICATE - Other Instructions on reverse side. RECEIVED  7. If Unit or CA/Agroement, Name anklor No.    8. Wall Name anklor No.    9. Apt Well   See Well   Other    10. Field and Fool, or Exploratory    11. County or Parish, and State    12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA    12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA    12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA    12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA    12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA    12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA    13. Describe Proposed or Completed Operation (Joint Value all perisons of the see of th	SUNDRY Do not use thi									
Type of Well    So Bull Well   Gas Well   Other	abandoned we	1 8 5012	6. If Indian, Allottee or Tribe Name							
Soil Well   Gas Well   Other   REGULUS 26 FED 9H		CEIVED	7. If Unit or CA/Agreement, Name and/or No.							
2. Name of Operator DEVOY ENERGY E-Mail: nicole mediants@fun.com DEVOY ENERGY DEVOY ENERGY E-Mail: nicole mediants@fun.com DEVOY ENERGY DEVOY ENTING TO COMP	- · ·									
DEVON ENERGY  E-Molt: nicole wederins@divn.com  30-015-42489  BARDers 6488 SEVEN RIVERS HWY ARTESIA, NM 88210  10. Fidel and People of Exploratory ARTESIA, NM 88210  11. County or Parish, and State EDDY COUNTY, NM  22. CATGOS IN Lat. 103 633503 W Lon  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  13. Describe Production (Start/Resume)   Water Shut-Off   Alter Casing   Practure Treat   Reclamation   Well Integrity   Change Plats   Play and Abandon   Play Back   Water Disposal   Onemer to Injection   Play Back   Water Disposal   Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and appressionate duration thereof, If the proposed is to deepen directionally or recomplete horizontally, give substraface focations and measured and true vertical depths of all pertinent duration thereof, If the proposed is to deepen directionally or recomplete horizontally, give substraface focations and measured and true vertical depths of all pertinent duration thereof, If the proposed is to deepen directionally or recomplete horizontally, give substraface focations and measured and true vertical depths of all pertinent duration thereof, If the proposed is to deepen directionally or recomplete horizontally, give substraface focations and measured and true vertical depths of all pertinent duration thereof, If the proposed is to deepen directionally or recomplete horizontally, give substraface focations and measured and true vertical depths of all pertinent duration thereof, If the proposed is to deepen directionally or recomplete horizontally, give substraface focations and measured and true vertical depths of all pertinent durations and measured and true vertical depths of all pertinents and ag	<del></del>		NICOLE WE	DMAN		<u> </u>	-			
6489 SEVEN RIVERS HWY ARTESIA, MM 88210  4. Location of Well (**Provinge**, Sec. T. R., M., or Survey Description*)  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  13. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  14. Iter Casing   Practure Treat   Reclamation   Water Shut-Off      Alter Casing   Practure Treat   Reclamation   Well Integrity     Subsequent Report   Alter Casing   Practure Treat   Reclamation   Well Integrity     Subsequent Report   Casing Repair   New Construction   Recomplete   Other     Final Abandonment Notice   Change Plans   Plug and Abandon   Temporarily Abandon     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 dumnion thereof. If the proposal is to depend acticability to recomplete insolutionally for recomplete insolutions and measured and reversical depths of all pertinent markers and zones. If the operation is to depend acticability to recomplete insolutions and measured and reversical depths of all pertinent markers and zones. If the operation of the annual pertinent markers and zones. If the operation is a multiple completion or recompletion in a new interval, a Form 316-d shall be filled only after all requirements, including recompletion in a new interval, a Form 316-d shall be filled only after all requirements, including recompletion, and the operation is a series in stready for final inspection. If the operation is a series in stready for final inspection, and the stream of the recomplete in a new interval and pertinent base determined that the site is ready for final inspection.  This location has been downsized. Acres reclaimed = 1.5668 acres.  Signature:  14. Thereby certify that the foregoing is true and cor						30-015-42489				
Sec 26 T19S R31E NENE 380FNL 667FEL 32.637691 N L2t, 103 833503 W Lon	6488 SEVEN RIVERS HWY		)	10. Field and Pool, or Exploratory LUSK; BS WEST						
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION    Acidize	4. Location of Well (Footage, Sec., T	., R., M., or Survey Description)				11. County or Parish, a	nd State			
TYPE OF SUBMISSION    Notice of Intent						EDDY COUNTY, NM				
Notice of Intent	12. CHECK APPI	ROPRIATE BOX(ES) TO	INDICATE	NATURE OF 1	NOTICE, RI	EPORT, OR OTHER	DATA			
Notice of Intent   Alter Casing   Fracture Treat   Recomplete   Other	TYPE OF SUBMISSION			ТҮРЕ О	F ACTION					
Alter Casing   Practure Treat   Recomplete   Other   Change Plans   Plug and Abandon   Temporarily Abandon   Convert to Injection   Plug Back   Water Disposal	□ Notice of Intent	☐ Acidize	☐ Dee	pen ,	☐ Product	ion (Start/Resume)	☐ Water Shut-Off			
Final Abandonment Notice   Change Plans   Plug and Abandon   Temporarily Abandon	_	☐ Alter Casing		ture Treat	🗷 Reclam	ation	☐ Well Integrity			
Convert to Injection	☑ Subsequent Report	Casing Repair	□ New	Construction	□ Recomp	olete	Other			
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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a rew interval, a Form 3160-4 shall be filed once testing has been completed. Pinal Abandoment 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.  Accepted for Record Purposes.  Approval Subject to Onsite Inspection.  If BLM Objectives are not achieved, additional work may be required.  Date: / Z - / Z - / S  Signature:  Signature:  14. Thereby certify that the foregoing is true and correct:  Electronic Submission #320705 verified by the BLM Well Information System  For DEVON ENERGY sent to the Carlsbad Committed to AFMSS for processing by LINDA DENNISTION on 10/26/2015 ()  Name (Printed/Typed) NICOLE WEDMAN Title AUTHORIZED REPRESENTATIVE  Signature (Electronic Submission)  Date 10/20/2015  THIS SPACE FOR FEDERAL OR STATE OFFICE USE  Title Date  Ontices of approval, if any, are attached. Approval of this notice does not warrant or certify that 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	. Final Abandonment Notice	☐ Change Plans	Plug	and Abandon	□ Tempor	arily Abandon				
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Name (Printed/Typed) NICOLE WEDMAN  Title AUTHORIZED REPRESENTATIVE  Signature (Electronic Submission)  Date 10/20/2015  THIS SPACE FOR FEDERAL OR STATE OFFICE USE  Approved By  Title 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 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	14. I hereby certify that the foregoing is	Electronic Submission #3				n System				
Signature (Electronic Submission)  THIS SPACE FOR FEDERAL OR STATE OFFICE USE  Approved By  Title  Date  Title  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 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				y LINDA DENNIS	STON on 10/2	••				
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