

UNITED STATES DEPARTMENT OF THE INTERIOR

RECEIVED

FORM APPROVED OMB NO. 1004-0137

RI	JREAU OF LAND MANA	CEMENT	_	Expires: Ja	inuary 31, 2018		
SUNDRY	5. Lease Serial No. NMNM022080						
Do not use thi abandoned wel	6. If Indian, Allottee or Tribe Name						
SUBMIT IN 1	RIPLICATE - Other inst	ructions on pagnalCT II-AF	TESIA U.	7. If Unit or CA/Agree	ement, Name and/or No.		
1. Type of Well ☐ Gas Well ☐ Oth	8. Well Name and No. TOMB RAIDER 1-12 FED 334H						
Name of Operator DEVON ENERGY PRODUCT	9. API Well No. 30-015-44940-00-X1						
3a. Address 6488 SEVEN RIVERS HIGHW ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 405-552-6560		10. Field and Pool or Exploratory Area LIVINGSTON RIDGE				
4. Location of Well (Footage, Sec., T.	11. County or Parish, State						
Sec 1 T23S R31E NENE 360F 32.339725 N Lat, 103.726418	EDDY COUNTY, NM						
12. CHECK THE AF	PROPRIATE BOX(ES)	TO INDICATE NATURE OF	F NOTICE,	REPORT, OR OTH	ER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION						
□ Notice of Intent Subsequent Report	☐ Acidize	Deepen	☐ Production (Start/Resume)		☐ Water Shut-Off		
	☐ Alter Casing	☐ Hydraulic Fracturing	☐ Reclama	ation	■ Well Integrity		
	□ Casing Repair	■ New Construction	□ Recomp	lete	□ Other		
☐ Final Abandonment Notice	□ Change Plans	Plug and Abandon	☐ Tempor	arily Abandon			
	☐ Convert to Injection ☐ Plug Back ☑ Water			Disposal			
13. Describe Proposed or Completed Ope If the proposal is to deepen directions Attach the Bond under which the wor following completion of the involved testing has been completed. Final Ab determined that the site is ready for final	ally or recomplete horizontally, it will be performed or provide operations. If the operation res andonment Notices must be file	give subsurface locations and measur the Bond No. on file with BLM/BIA. sults in a multiple completion or reco	red and true ve Required sub mpletion in a r	ertical depths of all pertin bsequent reports must be new interval, a Form 316	nent markers and zones. filed within 30 days 0-4 must be filed once		
Site Name: Tomb Raider 1-12 1. Name(s) of formation(s) pro		e: 3rd Bone Spring	F	RECEVE	D		
2. Amount of water produced	-		/	FEB 1 4 2	N19		

4. How water is stored on lease:

6-750bbl water tanks located at the Tomb Raider 1 CTB 3

Accepted For RecordicT II-ARTESIA O.C.D.

NMOCD My 19

14. I hereby certify that the foregoing is true and correct. Electronic Submission #452832 verified by the BLM Well Information System For DEVON ENERGY PRODUCTION COMPAN, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH MCKINNEY on 02/01/2019 (19DLM0293SE)										
Name(Printed/Typed)	JENNIFER HARMS	Title REGULATORY COMPLIANCE ANALYST								
				AU	CEPTED F	OR RECO	ORD			
Signature	(Electronic Submission)	Date	02/01	/2019	L		7			
THIS SPACE FOR FEDERAL OR STATE OF ICE USE - 7 2019										
Approved By		Title		RU	PEAN OF LAND	Amaga		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			REAU OF LAND CARLSBAD FIE	MANAGEMEI LD OFFICE	VT			

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.

Additional data for EC transaction #452832 that would not fit on the form

32. Additional remarks, continued

- 5. How water is moved to the disposal facility: piped
- 6. Identify the Disposal Facility by:
- A. Facility Operators Name: a) Devon Energy Corp b) Mesquite SWD, Inc

- B. Facility or well name/number: a) Todd 2 Water Treatment Facility 2RF-114 b) Bran SWD 1 API #30-025-43473 SWD-1558 V
- C. Type of Facility or well (WDW) (WIW): a) b) WDW
- D.1) Location: Section 2 Township 23S Range 31E
- D.2) Location: SE/4 SE/4 Section 11 Township 24S Range 31E