Form 3160-5 (February 2005)

UNITED STATES DEPARTMENT OF THE INTERIOR

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APR 26 2010	5	

FORM APROVED OMB NO. 1004-0135 rch 31, 2007

BUREAU OF LAND MANAGEMENT	VLD	EXPIRES: Ma
SUNDRY NOTICES AND REPORTS ON WELLS	APR 26 2010	Lease Serial No.
Do not use this form for proposals to drill or to re-enter an	2 -010	NM040
abandoned well. Use Form 3160-3 (APD) for such proposals	NMOO	6. If Indian, Allottee or Tribe
	<u> </u>	

" N 2 6 2010	NM0405444
	6. If Indian, Allottee or Tribe Name
CD ARTESIA	!

			LOIA	1	
			RTESIA	7. Unit or CA Agre	eement Name and No.
a. Type of Well 💚 Oil Well 🔲 Gas	Well Other				
				8 Well Name and	l No.
2. Name of Operator					dd 15H Federal 8
DEVON ENERGY PRODUCTION	ON COMPANY, LP			9. API Well No.	
Address and Telephone No.					30-015-37649
20 N. Broadway, Oklaho	ma City, Ok 73102-8260	405-235-3611		10. Field and Po	ol, or Exploratory
 Location of Well (Report location clearly) 		al requirements)*			e Wells; Delaware
1650' FNL 660' FEL H 15 T2	3S R31E			11. County or Par	rish State
				Eddy	NM _
	APPROPRIATE BOX(s) TO II			T, OR OTHER DA	TA
TYPE OS SUBMISSION		TYP	E OF ACTION		
✓ Notice of Intent	Acidize	Deepen	Productio	n (Start/Resume)	Water Shut-Off
	Alter Casing	Fracture Treat	Reclamati		Well Integrity
Subsequent Report	Casing Repair	New Construction	Recomple		☑ Other
Final Abandonment Notice	Change Plans	Plug and Abandon	Water Dis	ily Abandon	
3 Describe Proposed or Completed Operations (Clear		ertinent dates, including estimated	date of starting any	proposed work and appr	
leepen directionally or recomplete honzontally, give subsi Bond No on file with BLM/BIA Required subsequent repr					
Form 3160-4 shall be filed once testing has been complete.					
ite is ready for final inspection)					
Please note the API# 30-015-37649 is	for the shows well with t	ha lassa lina aslla af 1	CEN ENI 9 C	60 EEL CEC 1E	TOOK DOVE ENAM
County. The <u>Todd 15H Federal 8, 19</u>					
note for your records the new API#.	0011VL & 0001 VVL, OLO	10 1230 N31L, AI D	ateu 770/03,	expired W/ AFIR	130-013-34301. Flease
iote for your records the new At III.					
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	•		:		
4. I hereby certify that the foregoing is true	, and correct	·			
	and correct	Judy A. Barnett	X8699		
		Judy A. Barnett Regulatory Ans		Date	4/1/2010
signed Judy Dur	Name			Date	4/1/2010
Signed This space for Federal or State Office use)	Name Title				4/1/2010
4. I hereby certify that the foregoing is true Signed This space for Federal or State Office use) Approved by Conditions of approval, if any:	Name			Date	4/1/2010
This space for Federal or State Office use)	Name Title				4/1/2010
This space for Federal or State Office use)	Name Title				4/1/2010
Signed This space for Federal or State Office use)	Name Title	Regulatory And	alyst	Date	

*See Instruction on Reverse Side



