

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

OCD-ARTESIA

FORM APPROVED
OMB NO. 1004-0135
EXPIRES: March 31, 2007

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

1a. Type of Well ☒ Oil Well ☐ Gas Well ☐ Other _____

2. Name of Operator
DEVON ENERGY PRODUCTION COMPANY, LP

3. Address and Telephone No.
20 N. Broadway, Oklahoma City, Ok 73102-8260 405-235-3611

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
1680 FSL 1385 FEL J 8 T25S R29E

BHL: 1650 FSL & 330 FWL L 8 T25S R29E PP: 1649 FSL & 657 FEL

5. Lease Serial No.

NMNM-99147

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

8. Well Name and No.

Slider 8 Federal 2H

9. API Well No.

30-015-38281

10. Field and Pool, or Exploratory

Willowlake; Bone Spring, Southeast

11. County or Parish State

Eddy

NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <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 Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work and approximate duration thereof. If the proposal deepens directionally or recompletes horizontally, give subsurface location 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 new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirement, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection)

Devon Energy Production Company L. P. respectfully advises of the proration unit change from a 120 spacing unit to a 320 spacing unit. Please see attached C-102.

*Pursuant to NMOC Rule 19.15.15.11.B,
this is a non-standard spacing unit.*

RECEIVED

NOV 19 2010

NMOC ARTESIA

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

Signed Judy A. Barnett Name Judy A. Barnett X8699

Title Regulatory Analyst

(This space for Federal or State Office use)

Approved by _____ Title _____

Conditions of approval, if any:

ACCEPTED FOR RECORD

Date NOV 17 2010

WESLEY W. INGRAM
PETROLEUM ENGINEER

*See Instruction on Reverse Side

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

1301 W. Grand Avenue, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources DepartmentForm C-102
Revised October 15, 2009Submit one copy to appropriate
District Office

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number 30-015-38281	Pool Code 96217	Pool Name WILLOWLAKE; BONE SPRING SOUTHEAST
Property Code 38360	Property Name SLIDER "8" FEDERAL	Well Number 2H
OGRID No. 6137	Operator Name DEVON ENERGY PRODUCTION COMPANY, L.P.	Elevation 2965'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	8	25 S	29 E		1680	SOUTH	1385	EAST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	8	25 S	29 E		1650	SOUTH	330	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
320			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<p>N: 419196.5160 E: 639768.6660</p> <p>PROPOSED BOTTOM HOLE LOCATION Lat - N 32°08'31.35" Long - W 104°00'51.02" NMSPCE- N 415556.947 E 640121.457 (NAD-83)</p> <p>N: 416553.9280 E: 639768.3150</p> <p>SURFACE LOCATION Lat - N 32°08'31.01" Long - W 104°00'09.10" NMSPCE- N 415533.653 E 643725.540 (NAD-83)</p> <p>2964.8' 2936.9'</p> <p>330' B.H.</p> <p>1680'</p> <p>2965.1' 2963.4'</p> <p>1385'</p> <p>PP: 1649 FSL & 657 FEL</p> <p>N: 413910.489 E: 639796.715</p> <p>N: 413892.0340 E: 642453.8130</p> <p>N: 413853.5730 E: 645110.5070</p> <p>CALC.</p>	<p>OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p><i>Judy A. Barnett</i> 11/11/10 Signature Date</p> <p>Judy A. Barnett Printed Name Regulatory Analyst</p> <p>SURVEYOR CERTIFICATION</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>Date Surveyed Signature & Seal of Professional Surveyor 7977</p> <p>Certificate No. Gary L. Jones 7977.</p> <p>BASIN SURVEYS</p>
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