Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0135 Expires: November 30, 2000

7. If Unit or CA/Agreement, Name and/or No.

5. Lease Serial No. NMNM0405444A

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.

6. If Indian, Allottee or Tribe Name

1. Type of Well ☐ Other Oil Well ☐ Gas Well ☐ Other				8. Well Name and No. TODD 22E FED 5		
		LINDA CUTURIE		9. API Well No.		
2. Name of Operator Contact: DEVON ENERGY PRODUCTION CO L P		LINDA GUTHRIE E-Mail: LINDA.GUTHRIE@DVN.COM		30-015-33126-00-X1		
3a. Address 20 NORTH BROADWAY SUITE 1500 OKLAHOMA CITY, OK 73102		3b. Phone No. (include area code) Ph: 405.228.8209 RECEIVED		10. Field and Pool, or Exploratory SAND DUNES		
						4. Location of Well (Footage, Sec., T., R., M., or Survey Description
Sec 22 T23S R31E SWNW 1980FNL 660FWL		OOD:ARTESIA		EDDY COUNTY, NM		
12. CHECK APPR	ROPRIATE BOX(ES) TO	O INDICATE NATURE OF	NOTICE, RE	EPORT, OR OTHE	R DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent	☐ Acidize	Deepen	□ Producti	tion (Start/Resume) Water Shut-Off		
	Alter Casing	☐ Fracture Treat	□ Reclama			
☐ Subsequent Report	☐ Casing Repair	■ New Construction	□ Recomp	lete	Other	
☐ Final Abandonment Notice	Change Plans	Plug and Abandon	☐ Tempora	arily Abandon	Change to Original PD	
	Convert to Injection	□ Plug Back	□ Water D	risposal		
Devon Energy Production Co. the 13 3/8" casing. The BOP equipment will be tested to 12 the 8 5/8" casing a 3000# cas independent tester in accorda	equipment will be rated t :15# (70% of burst rating ing head & 3000# BOP v nce with Onshore Order	o 3000#. The BOP & assoc of casing) with the rig pump vill be installed & tested to 3	iated wellhead . After setting	j		
14. I hereby certify that the foregoing is	Electronic Submission	#50663 verified by the BLM W BY PRODUCTION CO L P, ser	ell Information	System	-	
Co	mmitted to AFMSS for pro	cessing by LiNDA ASKWIG o	n 11/04/2004 (0	5LA0052SE)		
Name(Printed/Typed) LINDA GU	JTHRIE	Title REGU	JLATORY SPE	ECIALIST		
Signature (Electronic S	·	Date 11/03.				
	THIS SPACE FO	OR FEDERAL OR STATE	OFFICE US	SE		
Approved By ALEXIS C SWOBOI	. – – – – –		EUM ENGINE	EER	Date 11/05/20	
Conditions of approval, if any, are attache certify that the applicant holds legal or eq which would entitle the applicant to condi-	e subject lease	Office Carlsbad				
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C. Section 1212, make it statements or representations a	a crime for any person knowingly a s to any matter within its jurisdicti	and willfully to m on.	ake to any department of	or agency of the United	
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