

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OCD Artesia

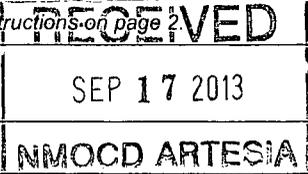
FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2014

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.

5. Lease Serial No.
NM-00503

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2



1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
Devon Energy Production Company, L.P.

3a. Address
333 W. Sheridan Avenue
Oklahoma City, Oklahoma 73102

3b. Phone No. (include area code)
405-228-4248

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
330' FNL & 1980' FEL, Sec 11, T25S-R31E, Unit B

7. If Unit of CA/Agreement, Name and/or No.
NMNM-070928-X

8. Well Name and No.
Cotton Draw Unit 164H

9. API Well No.
30-015-39376

10. Field and Pool or Exploratory Area
Paduca; Bone Spring

11. County or Parish, State
Eddy County, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Spud Report</u>
	<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 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 recomplate 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomplate in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

04/22/13: MIRU. Spud well @ 01:00 hrs.

04/23/13 - 04/25/13: TD 17-1/2" hole @ 781'. RIH w/19 jts 13-3/8" 48# H-40 STC csg & set @ 781'. Lead w/1000 sx CI "C" cmt, yld: 1.745 cf/sx. Disp w/107 bbls FW. Circ 406 sx to surf. WOC. Test BOP to 250 psi /3000 psi & annular preventer to 250 psi/1500 psi for 10 mins, good tests. Test casing to 1210 psi for 30 min. Good Test.

04/26/13 - 04/29/13: TD 12-1/4" hole @ 4,368'. RIH w/99 jts 9-5/8" 40# J-55 LTC csg & set @ 4368'. Lead w/1100 sx CI C, yld 1.733 sf/sx. Tail w/300 sx CI C, yld: 1.382 cf/sx; displ w/328 bbls FW. Circ 275 sx of cement to surface. RD cmt equip. Test BOP to 250 psi/5000 psi, & annular preventer to 250 psi/3500 psi; held 10 min. Test casing to 1500 psi, hold for 30 min. OK

05/15/13 - 5/25/13: TD 8-3/4" lateral production hole @ 14,620'. RIH w/114 jts 5-1/2" 17# HCP110 BTC & 201 jts 5-1/2" HCP 110 LTC csg, set @ 14,359'; CHC. Cement 1st Stage, lead w/854 sx CI H, Yld 2.009 cf/sx, Tail w/1788 sx CI H, Yld 1.278 cf/sx. DV Tool @ 5737'. Cement 2nd Stage, lead w/230 sx CI "C" cmt, Yld 2.879 cf/sx; tail w/138 sx CI "C", yld: 1.38, disp w/ 123 bbls FW. Release Rig @ 06:00 hrs on 05/25/2013. TOC @ 4132' CBL. Tested casing to 3200 psi, held for 30 min. OK

*Accepted for record
S.D. Dale NMOCD 9/17/13*

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)
Patti Riechers

Title Regulatory Specialist

Signature *Patti Riechers*

Date 08/27/2013



THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____

Title _____

Office _____

SEP 15 2013

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD 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 States any false fictitious or fraudulent statements or representations as to any matter within its jurisdiction.