

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.  
NMNM0560289

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE** – Other instructions on page 2.

1. Type of Well  
 Oil Well     Gas Well     Other SWD-1427

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

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

8. Well Name and No.  
Burton Flat Deep Unit 44 SWD

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

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

9. API Well No.  
30-015-32274

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
3555' FSL & 1660' FWL, Sec 3, Lot 14

10. Field and Pool or Exploratory Area  
SWD; Devonian

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>SWD recompletion</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>in Devonian</u>
	<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 recomplete 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 recompletion 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.)

Squeezed off existing Morrow perms: 10895 - 10986'; 11162 - 11336'; 11362 - 11367' (Reported on prior subsequent sundry) 3-18-13

4/19/2013 PU & RIH, Set pkr at 10763'. Test back side to 2460 psi for 30 minutes. Good Test.  
 4/22/2013 MIRU W/L, perforate Devonian from 12400 to 12460', 1 spf, 60 shots.  
 4/25/2013 RIH 7" x 2-1/2 Arrowset Nickel coated pkr and 3-1/2" IPC tbg to 12,266'.  
 4/26/2013 MIRU. Acidize Devonian perms from 12400 to 12460' w/238 bbls 15% gelled acid in 3 stages, diverting w/gelled brine containing 600# of salt.  
 4/29/2013 Perform Step Rate Test: SITP=0 PSI. MIRU. Establish injection rate @ 1 BPM @ 201 psi w/2% KCL. Work rate up 1 BPM every 5 minutes as follows:  
 2 BPM @ 382 psi  
 3 BPM @ 655 psi  
 4 BPM @ 1051 psi  
 5 BPM @ 1462 psi  
 6 BPM @ 1930 psi  
 7 BPM @ 2452 psi  
 ISIP = 917 psi (5/min) = 462 psi (10 min) = 329 psi (15 min) = 277 psi  
 10/25/2013 Perform MIT Test. Pressure up casing to 500 psi. Hold and chart for 30 minutes. Good Test. Paul Swartz/BLM witnessed passed test.  
 10/31/2013 Commenced injection; 1717 bbls water, 750 psi tubing pressure, 750 psi casing pressure

Accepted for record  
WDS NMOCOD 2/27/14

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

Patti Riechers

Title Regulatory Specialist

Signature

*Patti Riechers*

Date 11/22/2013

**RECEIVED**  
FEB 25 2014  
NMOCOD ARTESIA

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

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.

Title  
Office

**RECEIVED FOR RECORD**  
FEB 18 2014  
/s/ Chris Walls  
BUREAU OF LAND MANAGEMENT  
CARLOS BARRON, BLM 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.