

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

**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.  
NMNM0503

6. If Indian, Allottee or Tribe Name

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

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

8. Well Name and No.  
COTTON DRAW UNIT 225H

9. API Well No.  
30-015-42414

10. Field and Pool, or Exploratory  
PADUCA; BONE SPRING SS

11. County or Parish, and State  
EDDY COUNTY COUNTY, NM

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
DEVON ENERGY PRODUCTION COMPAN  
Contact: MEGAN MORAVEC  
Email: megan.moravec@dvn.com

3a. Address  
333 WEST SHERIDAN AVENUE  
OKLAHOMA CITY, OK 73102

3b. Phone No. (include area code)  
Ph: 405-552-3622

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 11 T25S R31E NWNW 200FNL 1115FWL

**12. CHECK 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 Drilling Operations
	<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 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 requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

(9/20/14-9/23/14) Spud @ 06:00. TD 17-1/2? hole @ 700?. RIH w/ 17 jts 13-3/8? 48# H-40 STC csg, set @ 689?. Lead w/ 1140 sx Halcem cmt, yld 1.34 cu ft/sk. Disp w/ 102 bbls FW. Circ 595 sx cmt to surf. PT BOPE @ 250/3000 psi, OK. PT mud line from top drive back up to pump to 3000 psi, OK. PT csg to 1211 psi, hold for 30 min, OK.

(9/27/14-9/30/14) TD 12-1/4? hole @ 4330?. RIH w/ 78 jts 36# J-55 LTC csg, followed by 25 jts 40# J-55 LTC csg, set @ 4316?. Lead w/ 1215 sx CIC, yld 1.87 cu ft/sk. Tail w/ 430 sx CIC, yld 1.33 cu ft/sk. Disp w/ 329 bbls water. Circ 60 bbls cmt to surf. PT csg to 2465 psi for 30 min, OK.

(10/14/14-10/20/14) TD 8-3/4? hole @ 14848?. RIH w/ 325 jts 5-1/2? 17# P-110 BTC csg, set @ 14809?. 1st lead w/ 1310 sx Versacem cmt, yld 2.30 cu ft/sk. Tail w/ 1090 sx Versacem cmt, yld 1.22 cu ft/sk. Disp w/ 230 bbls FW, 20 bbls Dyer water and 92.5 bbls drilling fluid. Set and open DVT @

*APD 3/24/15*  
Accepted for record

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

**Electronic Submission #275804 verified by the BLM Well Information System  
For DEVON ENERGY PRODUCTION COMPAN, sent to the Carlsbad**

Name (Printed/Typed) MEGAN MORAVEC	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 11/04/2014

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Title _____	Date _____
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.		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.

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

**Additional data for EC transaction #275804 that would not fit on the form**

**32. Additional remarks, continued**

4474.6?. 2nd lead w/ 330 sx Tuned Light cmt, yld 3.41 cu ft/sk. Tail w/ 190 sx Halcem cmt, yld 1.32 cu ft/sk. Disp w/ 104 bbls FW. RR @ 18:00.