

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**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.  
NMNM22080

6. If Indian, Allottee or Tribe Name

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

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
DEVON ENERGY PRODUCTION COM LP  
Contact: JENNIFER HARMS  
Email: jennifer.harms@dvn.com

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

3b. Phone No. (include area code)  
Ph: 405-552-6560

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 12 T23S R31E SWSE 50FSL 1420FEL  
32.311699 N Lat, 103.731499 W Lon

8. Well Name and No.  
TOMB RAIDER 12-1 FED 516H

9. API Well No.  
30-015-45486-00-X1

10. Field and Pool or Exploratory Area  
LIVINGSTON RIDGE

11. County or Parish, State  
EDDY COUNTY, NM

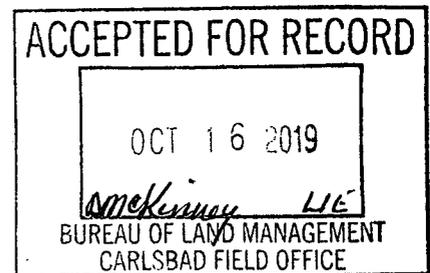
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Hydraulic Fracturing
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Plug and Abandon
	<input checked="" type="checkbox"/> Water Disposal
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Plug Back

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 recompleat 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 recompleat 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.

Site Name: Tomb Raider 12-1 Fed 516H

GC 10/24/19  
Accepted for record - NMOCD



1. Name(s) of formation(s) producing water on the lease: Livingston Ridge; Bone Spring

2. Amount of water produced from all formations in barrels per day: 1575bbbls per day

4. How water is stored on lease:  
3-750bbl water tanks located at the Tomb Raider 12 CTB 1

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

Electronic Submission #487793 verified by the BLM Well Information System  
For DEVON ENERGY PRODUCTION COM LP, sent to the Carlsbad  
Committed to AFMSS for processing by DEBORAH MCKINNEY on 10/15/2019 (20DLM0041SE)

Name (Printed/Typed) JENNIFER HARMS Title REGULATORY COMPLIANCE ANALYST

Signature (Electronic Submission) Date 10/14/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

OCT 21 2019

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.

(Instructions on page 2)

\*\* BLM REVISED \*\*

**Additional data for EC transaction #487793 that would not fit on the form**

**32. Additional remarks, continued**

5. How water is moved to the disposal facility: piped

6. Identify the Disposal Facility by:

A. Facility Operators Name: a) Mesquite SWD, Inc b) Devon Energy Corp

B. Facility or well name/number:

a) Bran SWD 1 API #30-025-43473 SWD-1558

b) Todd 2 Water Treatment Facility-2RF-114, 2-23s-31e

C. Type of Facility or well (WDW) (WIW): a) WDW b)

D.1) Location by:SE/4 SE/4 Section 11 Township 24S Range 31E

D.2) Location by:Section 2 Township 23S Range 31E