



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FEB 06 2008

FORM APPROVED  
OMB No 1004-0137  
Expires: March 31, 2007

**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.**

OCD-ARTESIA

5. Lease Serial No  
NM 96822  
6. 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 Co., LP

3a. Address  
20 North Broadway  
OKC, OK 73102

3b. Phone No. (include area code)  
(405)-552-7802

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
2375' FNL & 2300' FEL  
Sec 2-T21S-R25E Lot 10

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

8. Well Name and No.  
Springs 2 Federal 1

9. API Well No.  
30-015-31236

10. Field and Pool or Exploratory Area  
Catclaw Draw; Morrow

11. Country 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 checked="" 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 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 Plugback to Springs; Upper Penn
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input checked="" 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 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.)

Devon Energy Production Company, LP requests approval to plugback to the Springs; Upper Penn from the Catclaw Draw; Morrow:

\* See attached procedures

\* No H2S is expected to be encountered. BOP to be used. *5M BOP, per operator 2/4/08*

\* Completion papers to be filed if sucessful plugback; or subsequent report of operations if well deemed uneconomical.

*H2S monitoring equipment to be onsite.*

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

Name (Printed/Typed)  
Stephanie A. Ysasaga

Title Sr. Staff Engineering Technician

Signature

Date 01/24/2008

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

Approved by

Title

Office

**APPROVED**

Date FEB 4 2008

WESLEY W. INGRAM

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 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



Certificate Number

DISTRICT II  
P.O. Drawer DD, Artois, NH 08211-0710

DISTRICT III  
1000 Rio Branco Rd., Astor, NM 87410

DISTRICT IV  
P.O. BOX 2088, SANTA FE, N.M. 87504-2088

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Santa Fe, New Mexico 87504-2081

Revised February 10, 1984  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fed Lease - 3 Copies

☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code 74320	Pool Name CATCLAW DRAW - MORROW
Property Code	Property Name SPRINGS 2 FEDERAL	Well Number 1
OCRID No. 166111	Operator Name CONCHO RESOURCES INC.	Elevation 3225

### Surface Location

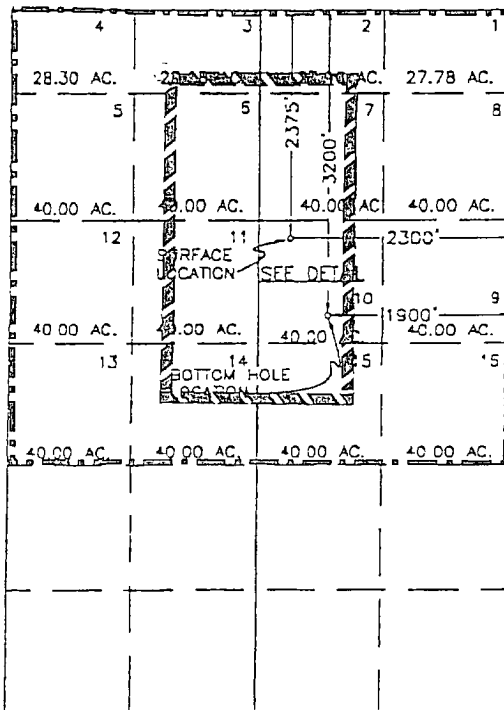
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
LOT 10	2	21 S	25 E		2375	NORTH	2300	EAST	EDDY

## Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
LOT 10	2	21 S	25 E		3200	NORTH	1900	EAST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
592			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION


$$\begin{array}{cc} 3241.2' & 3237.2' \\ \boxed{\quad - \quad} & \\ | \quad \circ \quad | & \\ \boxed{\quad - \quad} & \\ 3235.7' & 3229.5' \end{array}$$

DETAIL

6-29-00  
Do not see a worse person

### OPERATOR CERTIFICATION

I hereby certify the the information  
contained herein is true and complete to the  
best of my knowledge and belief.

Signature Joe T. Janica  
Joe T. Janica

Printed Name

Agent

Title

03/16/00


Date \_\_\_\_\_

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my belief.

FEBRUARY 18, 2000

Date Surveyed \_\_\_\_\_ DC  
Signature & Seal of \_\_\_\_\_  
Professional Surveyor \_\_\_\_\_


 Mustafa Kemal Atatürk  
 00-11-0228  
 3/15/00

Cardiologist No.	RONALD L. EIDSON	3239
	CARY EIDSON	12541
	ROBERTSON McDONALD	12185

EXHIBIT "A"