Form 3160-5 (August 2007)

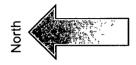
(Instructions on page 2)

UNITED STATES DEPARTMENT OF THE INTERIOR CO.-HORBES OCT

FORM APPROVED OMB No. 1004-0137

Expires: July 31, 2010

(August 2007) DE	PARTMENT OF THE INT	ERIOR ICID-HUDO	BS OUT	Exp	res: July 31, 2010	
D111	DEAT (LAILAIT	15 1 0000	Serial No.		
SUNDRY	NOTICES AND REPORT form for proposals to d Use Form 3160-3 (APD)	S ON WELLS CEP	2 7 2012 tall	ian, Allottee or	Tribe Name	
Do not use this	form for proposals to d	rill or to re-enter an	0. 11 1110	iuii, i kiiottoo oi	The Full	
abandoned well.	Use Form 3160-3 (APD)	for such proposals	RECEIVED 7. If Un			
SUBM	IIT IN TRIPLICATE – Other insti	ructions on page 2.	7. If Un	it of CA/Agreem	ent, Name and/or No.	
1 Type of Well						
☑ Oil Well ☐ Gas Well ☐ VOther				8. Well Name and No MESA VERDE 6 FEDERAL #11		
2. Name of Operator				9 API Well No		
DEVON ENERGY PRODUCTIO				30-25-3 275 2		
3a. Address 3b. Phone No. (include area code)				10. Field and Pool or Exploratory Area MESA VERDE BONE SPRING, DELAWARE		
PO BOX 250, ARTESIA, NM 88211 575-748-3371				11. Country or Parish, State		
4. Location of Well (Footage, Sec., T.,R/M., or Survey Description) 1980 FNL & 660 FWL, SEC 6, T24S, R32E				LEA COUNTY, NM		
,		71-1-2-0				
440 5 12. CHE	CK THE APPROPRIATE BOX(E	S) TO INDICATE NATURE	OF NOTICE, REPO	ORT OR OTHER	R DATA	
TYPE OF SUBMISSION	TYPE OF ACT			ION		
Notice of Intent	Acidize	Deepen	Production (St	art/Resume)	Water Shut-Off	
	Alter Casing	Fracture Treat	Reclamation		Well Integrity	
✓ Subsequent Report	Casing Repair	New Construction	Recomplete		Other	
	Change Plans	Plug and Abandon	Temporarily A			
Final Abandonment Notice 13 Describe Proposed or Completed 0	Convert to Injection	Plug Back	Water Disposa			
testing has been completed. Fina determined that the site is ready f	•	ed only after all requirements	s, including reclamat	ion, have been co	ompleted and the operator has	
ACRES RECLAIMED = 1.1880						
			l A (VEDIEL) FOR RECORD	
			141	JULITE	TON NEOUND	
					2 6 2012 LAND MANAGEMENT AD FIELD OFFICE	
14. I hereby certify that the foregoing is	true and correct. Name (Printed/Typ	ed)				
DENISE MENOUD	(575-746-5544)	Title FIELD T	ECH II			
Signature A. Me	naud	Date 1/25/2012	2			
	THIS SPACE FO	R FEDERAL OR STA	ATE OFFICE U	SE		
Approved by						
		Title		Dat	e	
Conditions of approval, if any, are attachthat the applicant holds legal or equitable entitle the applicant to conduct operation	title to those rights in the subject leas	varrant or certify				
Title 18 U.S.C Section 1001 and Title 4. fictitious or fraudulent statements or repr	•		d willfully to make to	any department o	r agency of the United States any false	



280'

