

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Hobbs OCS OGD

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.

DEC 01 2014

RECEIVED

SUBMIT IN TRIPLICATE - Other instructions on reverse side.		5. Lease Serial No. NMNM114990
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name
2. Name of Operator DEVON ENERGY PRODUCTION CO Contact: MEGAN MORAVEC Email: megan.moravec@dvn.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 333 WEST SHERIDAN AVE OKLAHOMA CITY, OK 73102	3b. Phone No. (include area code) Ph: 405-552-3622	8. Well Name and No. FIGHTING OKRA 18 FED COM 1H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 18 T26S R34E Lot 2 2590FNL 330FWL		9. API Well No. 30-025-40382-00-S1
		10. Field and Pool, or Exploratory WILDCAT G06 S263407P
		11. County or Parish, and State LEA COUNTY, NM

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 type="checkbox"/> Other
	<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 checked="" 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 recomple 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 recomple 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.)

WATER PRODUCTION & DISPOSAL INFORMATION

Site Name:
Fighting Okra 18 Fed Com 1H

1. Name(s) of formation(s) producing water on the lease:
Wildcat, Bone Spring

2. Amount of water produced from all formations in barrels per day:
2400BBLS

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

**Electronic Submission #271253 verified by the BLM Well Information System
For DEVON ENERGY PRODUCTION CO LP, sent to the Hobbs
Committed to AFMSS for processing by LINDA JIMENEZ on 11/04/2014 (15LJ01955E)**

Name (Printed/Typed) MEGAN MORAVEC	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 10/16/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	ACCEPTED FOR RECORD
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 _____	NOV 17 2014

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.

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

MSS/ocd

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Additional data for EC transaction #271253 that would not fit on the form

32. Additional remarks, continued

4. How water is stored on lease:
2 500 BBLs water tanks

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

6. Identify the Disposal Facility by:

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

B. Facility or well name/number: a) West Jal Disposal #1, b) Paduca #1 SWD

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

D.1) Location by ?? Section Township Range
SW/4 NE/4, S10, T25S, R36E

D.2) Location by ?? Section Township Range
SE/4 NE/4, S22, T25S, R32E