

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

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.
NMNM94187 *Nm2386A*

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

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

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
HORNED VIPER 20 FEDERAL 2H ✓

2. Name of Operator
DEVON ENERGY PRODUCTION CO
Contact: LUCRETIA A MORRIS *HOBBSCOCD*
Email: Lucretia.Morris@dvn.com

9. API Well No.
30-025-41914 ✓

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

3b. Phone No. (include area code)
Ph: 405-552-3303 *NOV 0 2 2015*

10. Field and Pool, or Exploratory
CRUZ; BONE SPRING

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 20 T23S R33E SWSW 200FSL 1300FWL ✓

RECEIVED

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 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 recomplete 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.)

(1/4/15-1/7/15) Spud @ 08:30. TD 17-1/2? hole @ 1426?. RIH w/ 35 jts 13-3/8? 48# H-40 ST&C csg, set @ 1426?. Lead w/ 766 sx cmt, yld 1.73 cu ft/sk. Tail w/ 350 sx cmt, yld 1.34 cu ft/sk. Displ w/ 219 bbls FW. Circ 288 sx cmt to surf. PT BOPE @ 250/3000 psi, OK. PT csg to 1211 psi, OK.

(1/12/15-1/15/15) TD 12-1/4? hole @ 5120?. RIH w/ 113 jts 9-5/8? 40# HCK-55 BT csg, set @ 5100.4?. Lead w/ 2110 sx CIC cmt, yld 1.73 cu ft/sk. Tail w/ 610 sx CIC cmt, yld 1.38 cu ft/sk. Displ w/ 383 bbls FW. PT csg to 2446 psi for 30 min, OK.

(1/27/15-2/1/15) TD 8-3/4? hole @ 15850?. PT BOPE @ 250/3000 psi, held each test for 10 min, OK. RIH w/ 118 jts 5-1/2? 17# P-110 BTC csg and 240 jts 7? 29# P-110 BTC csg, set @ 15849.6?. Lead w/ 470 sx cmt, yld 3.81 cu ft/sk. Tail w/ 1225 sx cmt, yld 1.28 cu ft/sk. Displ w/ 515 bbls FW. RR @ 06:00.

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

Electronic Submission #295195 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 07/27/2015 (

ACCEPTED FOR RECORD
OCT 27 2015
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

Name (Printed/Typed) LUCRETIA A MORRIS Title REGULATORY COMPLIANCE ANALYST
Signature (Electronic Submission) Date 03/17/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____
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 *KAS*

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 ****

NOV 0 4 2015

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