

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.		5. Lease Serial No. NMNM100567
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 EMail: Lucretia.Morris@dvn.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 333 WEST SHERIDAN AVENUE OKLAHOMA CITY, OK 73102		8. Well Name and No. RAGIN CAJUN 12 FED 2H
3b. Phone No. (include area code) Ph: 405-552-3303		9. API Well No. 30-025-42256
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 12 T26S R34E SWSW 10FSL 1135FWL		10. Field and Pool, or Exploratory JABALINA; DELAWARE SW
		11. County or Parish, and State LEA COUNTY, NM

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RECEIVED

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input checked="" type="checkbox"/> Other Drilling Operations
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Recomplete
	<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 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.)

(4/1/15-4/5/15) Spud @ 03:30. TD 17-1/2? hole @ 1101?. RIH w/ 27 jts 13-3/8? 54.5# J-55 BT csg, set @ 1101?. Lead w/ 450 sx CIC cmt, yld 1.87 cu ft/sk. Tail w/ 545 sx CIC, yld 1.34 cu ft/sk. Disp w/ 164 bbls FW. Circ 252 sx cmt back to surf. PT BOPE @ 250/5000 psi. PT manual & hydraulic IBOP, stand pipe & mud line @ 250/4000 psi. PT annular @ 250/3500 psi, held each test for 10 min, OK. PT csg to 1500 psi, OK.

(4/6/15-4/12/15) TD 12-1/4? hole @ 5270?. RIH w/ 117 jts 9-5/8? 40# HCK-55 BT csg, set @ 5256.5?. Lead w/ 2155 sx CIC cmt, yld 1.87 cu ft/sk. Tail w/ 430 sx CIC, yld 1.33 cu ft/sk. Disp w/ 395 bbls FW. Circ 419 sx cmt back to surf. PT csg to 1500 psi for 30 min, OK.

(4/12/15-4/28/15) TD 8-3/4? hole @ 13950?. RIH w/ 118 jts 5-1/2? 17# P110RY CDC/HTQ csg and 192 jts 7? 29# HCP-110 BTC csg, set @ 13939.9?. Lead w/ 525 sx CIC cmt, yld 3.46 cu ft/sk. Tail w/ 1490 sx

14. I hereby certify that the foregoing is true and correct. Electronic Submission #300123 verified by the BLM Well Information System For DEVON ENERGY PRODUCTION CO LP, sent to the Hobbs Committed to AFMSS for processing by TODD BOWEN on 06/05/2015		ACCEPTED FOR RECORD OCT 29 2015 BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
Name (Printed/Typed) LUCRETIA A MORRIS	Title REGULATORY COMPLIANCE ANALYST	
Signature (Electronic Submission)	Date 05/01/2015	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE		
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 _____

Additional data for EC transaction #300123 that would not fit on the form

32. Additional remarks, continued

CIH, yld 1.23 cu ft/sk. Disp w/ 441 bbls FW. RR @ 22:00.