

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD
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.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM94186
2. Name of Operator DEVON ENERGY PRODUCTION CO		6. If Indian, Allottee or Tribe Name
3a. Address 333 WEST SHERIDAN AVE OKLAHOMA CITY, OK 73102		7. If Unit or CA/Agreement, Name and/or No. NMNM88526X
3b. Phone No. (include area code) Ph: 405-552-3303		8. Well Name and No. THISTLE UNIT 60H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 28 T23S R33E NENE 200FNL 1050FEL 32.282402 N Lat, 103.572154 W Lon		9. API Well No. 30-025-41797-00-X1
		10. Field and Pool, or Exploratory TRIPLE X
		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 recomplate 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.)

(8/24/15-8/27/15) Spud well @ 04:00. TD 17-1/2? hole @ 1463.5?. RIH w/ 36 jts 13-3/8? 54.5# K-55 BTC csg, set @ 1463.5?. Lead w/ 810 sx Econocem 5% cmt, yld 1.87 cu ft/sk. Tail w/ 545 sx Halcem 1% cmt, yld 1.34 cu ft/sk. Disp w/ 221 bbls FW. Circ 130 bbls to surface. PT 2? and 4? valves on floor @ 250/4100 psi and PT BOPE @ 250/3000 psi, OK. PT csg to 1500 psi for 30 min, OK.

(8/29/15-8/30/15) TD 12-1/4? hole @ 5237.3?. RIH w/ 116 jts 9-5/8? 40# K-55 BTC csg, set @ 5237.3?. Lead w/ 1275 sx CIC, yld 1.88 cu ft/sk. Tail w/ 430 sx CIC, yld 1.33 cu ft/sk. Disp w/ 394 bbls FW. Circ 164 bbls to surf. PT csg to 2464 psi for 30 min, OK.

(9/7/15-9/11/15) TD 8-3/4? hole @ 16045?. RIH w/ 364 jts 5/1/2? 17# P110RY DWC/C Plus csg, set @ 16045?. Lead w/ 1090 sx CIH, yld 2.30 cu ft/sk. Tail w/ 1425 sx CIH, yld 1.22 cu ft/sk. Disp w/ 371 bbls FW. RR @ 07:00. *TOC?*

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

**Electronic Submission #317910 verified by the BLM Well Information System
For DEVON ENERGY PRODUCTION CO LP, sent to the Hobbs
Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/29/2015 (16JAS0058SE)**

Name (Printed/Typed) LUCRETIA MORRIS	Title REGULATORY COMPLIANCE PROFESSI
Signature (Electronic Submission)	Date 09/28/2015

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 _____

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 ****

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