

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.

OCD-HOBBS

5. Lease Serial No.
NMNM94187

6. If Indian, Allottee or Tribe Name

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

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

9. API Well No.
30-025-41914

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

11. County or Parish, and State
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well
 Oil Well Gas Well Other

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

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

3b. Phone No. (include area code)
 Ph: 405-552-3303

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

HOBBS OCD
MAR 14 2016
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 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 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.)

WATER PRODUCTION & DISPOSAL INFORMATION

Site Name:
Horned Viper 20 Fed Com 2H

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

2. Amount of water produced from all formations in barrels per day:
1900BWPD

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

14. I hereby certify that the foregoing is true and correct.
**Electronic Submission #299814 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 05/07/2015 ()**

Name (Printed/Typed) LUCRETIA A MORRIS Title REGULATORY COMPLIANCE ANALYST

Signature (Electronic Submission) Date 04/29/2015

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 _____

APPROVED
FEB 24 2016
JAMES A. AMOS
SUPERVISOR-EPS

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 ****

MAR 14 2016

[Handwritten signatures and initials]

32. Additional remarks, continued

3. How water is stored on lease:
2 500BBLs Water Tanks on location

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

5. Identify the Disposal Facility by:

A. Facility Operators Name: a) OWL SWD Operating, LLC b) Siana Operating, LLC

B. Facility or well name/number: a) Brininstool 25 Federal SWD 1 b) APD Federal 1

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

D.1) Location by ?? Section Township Range
a) SE/4 NE/4, S25, T23S, R33E b) SW/4 SE/4, S10, T23S, R24E

34E

(This form may be used as an attachment to the Sundry Notice.)

SWD-1364

SWD-712

BUREAU OF LAND MANAGEMENT

Carlsbad Field Office
620 East Greene Street
Carlsbad, New Mexico 88220
575-234-5972

Disposal of Produced Water From Federal Wells
Conditions of Approval

Approval of the produced water disposal methodology is subject to the following conditions of approval:

1. This agency shall be notified of any change in your method or location of disposal.
2. Compliance with all provisions of Onshore Order No. 7.
3. This agency shall be notified of any spill or discharge as required by NTL-3A.
4. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
5. Any on-lease open top storage tanks shall be covered with a protective cover to prevent entry by birds and other wildlife.
6. This approval should not constitute the granting of any right-of-way or construction rights not granted by the lease instrument.
7. If water is transported via a pipeline that extends beyond the lease boundary, then you need to submit within 30 days an application for right-of-way approval to the Realty Section in this office if you have not already done so.
8. Disposal at any other site will require prior approval.
9. Subject to like approval by NMOCD.

7/10/14