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	j			NO OCD Ho	bbs			an soli
form 3160 -3 March 2012)	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT APPLICATION FOR PERMIT TO DRILL OF REENTER					FORM APPROVED OMB No. 1004-0137 Expires October 31, 2014		
	DEPART	UNITED STATES MENT OF THE IN U OF LAND MANA	NTERIOR	"AR 21 2017	02	5. Lease Serial No. NMLC061873B		
	APPLICATION FO		DRILL OR	REENTER		6. If Indian, Allotee	e or Tribe I	Name
la. Type of work:				~0		7 If Unit or CA Agreement, Name and No. 8. Lease Name and Well No.		
b. Type of Well:	✔ Oil Well Gas	Well Other	Sin	ngle Zone 🔽 Multip	ole Zone	8. Lease Name and COTTON DRAW	Well No. UNIT 449	3000
Name of Operat	OF DEVON ENERGY	PRODUCTION COM	PANY LP	(u137)	K	9. API Well No.	5-4	3713
a. Address 333 V	West Sheridan Avenue	0111 011 011	3b. Phone No. (405)552-6	(include area code)		10. Field and Pool, or WC-025 G-06 S25		
Location of Wel	ll (Report location clearly	and in accordance with any	State requirem	ents.*)		11. Sec., T. R. M. or I		
	VNE / 175 FNL / 1710					SEC 18 / T25S / F	832E / NM	1P
	d. zone SWSE / 290 F		32.1238742	2 / LONG -103.7113	3238	10 Court D 11		12 044
. Distance in miles 21 miles	and direction from nearest	town or post office*				12. County or Parish LEA		13. State NM
<ol> <li>Distance from pr location to neares property or lease (Also to nearest of</li> </ol>	st 175 feet		16. No. of a 1759.31	cres in lease	17. Spacir 160	g Unit dedicated to this	well	
to nearest well, drilling, completed, 1436 feet applied for, on this lease, ft. 105 . Elevations (Show whether DF, KDB, RT, GL, etc.) 22			19. Proposed	1Depth : / 15024 feet	BIA Bond No. on file O1104			
				Approximate date work will start*		23. Estimated duration		
			10/01/201		45 days			
			24. Attac					
. Well plat certified A Drilling Plan. A Surface Use Pl	eted in accordance with the by a registered surveyor. an (if the location is on 1 led with the appropriate Fo	National Forest System L	×	<ol> <li>Bond to cover the Item 20 above).</li> <li>Operator certification</li> </ol>	he operatio cation	is form: ns unless covered by an ormation and/or plans a		
5. Signature				(Printed/Typed)	50 0550		Date	
(Ele	ectronic Submission)	<u> </u>	Linda	Good / Ph: (405)5	52-0558		08/30/2	2016
	ompliance Profession	al	NT.	(D			D	
pproved by (Signature) (Electronic Submission)				(Printed/Typed) Layton / Ph: (575)2	Date 03/06/2017			
tle Supervisor Multip	ble Resources		Office HOBE	35				
onduct operations th	does not warrant or certif ereon. al, if any, are attached.	y that the applicant holds	legal or equit	table title to those righ	ts in the sub	oject lease which would	entitle the a	applicant to
tle 18 U.S.C. Section ates any false, fictiti	n 1001 and Title 43 U.S.C. Stous or fraudulent stateme	Section 1212, make it a cri ints or representations as to	me for any pe any matter w	erson knowingly and v ithin its jurisdiction.	villfully to n	nake to any department	or agency	of the United
Continued on j	page 2)				pm-	*(Ins	tructions	s on page 2)

K# 127/17 03/27/17 REQUIRES NISL