OCD Hobbs

6-1264

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Form 3160-3 (March 2012)	INITED STATES			FORM APPROVED OMB No. 1004-0137 Expires October 31, 2014			
BUREAU OF LAND MANA	DEPARTMENT OF THE INTERIOR				5. Lease Serial No. NMNM 94186		
APPLICATION FOR PERMIT TO D	RILL OR REE		VED	6. If Indian, Allotee	or Tribe N	lame	
					7. If Unit or CA Agreement, Name and No.		
lb. Type of Well: 🔽 Oil Well 🔲 Gas Well 🛄 Other	✓ Single Zor	ne Multipl	le Zone	8. Lease Name and V THISTLE UNIT 11		3020 11	
2. Name of Operator DEVON ENERGY PRODUCTION COMP	10	1377	K	9. API Well No.	5-4	13710	
3a. Address 3b. Phone No. (include area code) 333 West Sheridan Avenue Oklahoma City Ok (405)552-6571				10. Field and Pool, or Exploratory			
4. Location of Well (Report location clearly and in accordance with any At surface NENE / 285 FNL / 800 FEL / LAT 32.2966939	/ LONG -103.571	A CONTRACTOR OF THE		11. Sec., T. R. M. or B SEC 21 / T23S / R			
At proposed prod. zone SENE / 2630 FNL / 1340 FEL / LAT 32,2757244 / LONG -103,5730888				12. County or Parish 13. State			
14. Distance in miles and direction from hearest town of post once.	tance in miles and direction from nearest town or post office*					NM	
 Distance from proposed* location to nearest 285 feet property or lease line, ft. (Also to nearest drig. unit line, if any) 	16. No. of acres in h 960	ease	ng Unit dedicated to this well				
 Distance from proposed location* to nearest well, drilling, completed, 170 feet applied for, on this lease, ft. 	19. Proposed Depth 10147 feet / 1762	Proposed Depth 20. BLM/BIA 147 feet / 17620 feet FED: CO1			IA Bond No. on file		
21. Elevations (Show whether DF, KDB, RT, GL, etc.) 3722 feet	2. Approximate date work will start* 09/05/2018			23. Estimated duration 45 days			
	24. Attachment	ts					
 The following, completed in accordance with the requirements of Onshore Well plat certified by a registered surveyor. A Drilling Plan. A Surface Use Plan (if the location is on National Forest System L SUPO must be filed with the appropriate Forest Service Office). 	ands, the 5. 0 6. 5	Bond to cover th tem 20 above). Operator certifica	ne operation	is form: ns unless covered by an ormation and/or plans as	Ū		
25. Signature (Electronic Submission)		Name (Printed/Typed) Rebecca Deal / Ph: (405)228-8429			Date 09/01/2	2016	
Title Regulatory Compliance Professional				<i>v</i> .	0		
Approved by (Signature) (Electronic Submission)		Name (Printed/Typed) Cody Layton / Ph: (575)234-5959			Date 03/06/2	2017	
Title Supervisor Multiple Resources	Office HOBBS	Office HOBBS					
Application approval does not warrant or certify that the applicant holds conduct operations thereon. Conditions of approval, if any, are attached.		le to those right	s in the sub	ject lease which would e	entitle the a	pplicant to	
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crin States any false, fictitious or fraudulent statements or representations as to	me for any person kr any matter within its	nowingly and w	villfully to m	ake to any department o	or agency (of the United	
(Continued on page 2)				*(Inst	ructions	on page 2)	
APPROV	ED WITH C	ONDITI	ONS	Kæ	03/	24,REG N	

KE 03/27/17 REQUIRES NSL