

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-HOBBS  
HOBBS OCD  
APR 17 2017  
RECEIVED

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**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.*

5. Lease Serial No.  
NMNM86154

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
DIAMOND TAIL 24 01 /

9. API Well No.  
30-025-33344-00-S1 33521

10. Field and Pool or Exploratory Area  
DIAMONDTAIL-DELAWARE

11. County or Parish, State  
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well  
 Oil Well    Gas Well    Other **SWD**

2. Name of Operator  
DEVON ENERGY PRODUCTION COMPANY  
 Contact: SARAH M GALLEGOS  
 Email: Sarah.Gallegos-Troublefield@dvn.com

3a. Address  
6488 SEVEN RIVERS HIGHWAY  
ARTESIA, NM 88211

3b. Phone No. (include area code)  
Ph: 575-748-1864

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
 Sec 24 T23S R32E **NWSW 1980FSL 660FWL**  
**SWNW 1980FNL 330FWL**

12. CHECK THE 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"/> Hydraulic Fracturing	<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
	<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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

In response to Notification of UIC Testing Letter for District 1 received in January 2017.  
 Bradenhead test for Diamondtail 24 Federal 1; API 30-025-33344 was completed on February 1, 2017  
 and witnessed by George Bower; OCD Field Inspector for the OCD.  
 Bradenhead Test Report attached.

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

**Electronic Submission #366037 verified by the BLM Well Information System  
 For DEVON ENERGY PRODUCTION COM LP, sent to the Hobbs  
 Committed to AFMSS for processing by PRISCILLA PEREZ on 02/06/2017 (17PP0215SE)**

Name (Printed/Typed) SARAH M GALLEGOS      Title FIELD ADMIN SUPPORT

Signature (Electronic Submission)      Date 02/06/2017

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By \_\_\_\_\_      Title \_\_\_\_\_      Date APR 11, 2017

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 BUREAU OF LAND MANAGEMENT  
CARLEBAD FIELD 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.

(Instructions on page 2)

\*\* BLM REVISED \*\*

Accepted for Record Only  
 MJB/OCD 4/17/2017

State of New Mexico  
 Energy, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office

**BRADENHEAD TEST REPORT**

Operator Name <i>Devor</i>		API Number <i>30-025 33521</i>
Property Name <i>Diamond Tail Fed</i>		Well No. <i>1</i>

<sup>2</sup> Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>E</i>	<i>24</i>	<i>23</i>	<i>325</i>	<i>1980</i>	<i>N</i>	<i>330</i>	<i>W</i>	<i>Lea</i>

Well Status

TA'D WELL	SHUT-IN	INJECTOR	PRODUCER	DATE
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJ <input type="checkbox"/> SWD <input checked="" type="checkbox"/>	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>	<i>2/1/17</i>

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	<i>φ</i>	<i>—</i>	<i>—</i>	<i>φ</i>	<i>1121</i>
<u>Flow Characteristics</u>					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input checked="" type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>2/1/17</i>	Phone:
Witness: <i>[Signature]</i>	

INSTRUCTIONS ON BACK OF THIS FORM