

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

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.
NMNM96239

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
DIAMOND TAIL 23 FEDERAL 02

9. API Well No.
30-025-33653-00-S1

10. Field and Pool or Exploratory Area
DIAMONDTAIL
SWD

11. County or Parish, State
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

APR 17 2017
RECEIVED

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
DEVON ENERGY PRODUCTION COM LP
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 23 T23S R32E SENE 1980FNL 660FEL

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 checked="" 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 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 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 & UIC test for Diamondtail 23 Federal 2; API 30-025-33653 was completed on February 1, 2017 and was witnessed by George Bower; OCD Field Inspector. Bradehead Test Report and UIC attached.

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

Electronic Submission #366043 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 (17PP0216SE)

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

Signature (Electronic Submission) Date 02/06/2017

ACCEPTED FOR RECORD
APR 11, 2017
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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 _____

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 ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

Accepted for Record Only
MSB/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>Devon</i>		API Number <i>30-025-33653</i>
Property Name <i>Diamond Tail 23 Fed</i>		Well No. <i>2</i>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>H</i>	<i>23</i>	<i>23S</i>	<i>32E</i>	<i>1980</i>	<i>N</i>	<i>660</i>	<i>E</i>	<i>Lea</i>

Well Status

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

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	\emptyset	\emptyset	—	\emptyset	<i>1140</i>
<u>Flow Characteristics</u>					
Puff	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N	Y/N <input checked="" type="radio"/>	CO2 —
Steady Flow	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N	Y/N <input checked="" type="radio"/>	WTR <input checked="" type="checkbox"/>
Surges	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N	Y/N <input checked="" type="radio"/>	GAS —
Down to nothing	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N	Y/N <input checked="" type="radio"/>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N	Y/N <input checked="" type="radio"/>	
Water	Y/N <input checked="" type="radio"/>	Y/N <input checked="" type="radio"/>	Y/N	Y/N <input checked="" type="radio"/>	

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>Devon</i>	

INSTRUCTIONS ON BACK OF THIS FORM

