

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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.
NMNM43564

6. If Indian, Allottee or Tribe Name

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

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: DENISE MENOUD
Email: Denise.Menoud@dvnm.com

3a. Address
PO BOX 250
ARTESIA, NM 88210

3b. Phone No. (include area code)
Ph: 575-746-5544

8. Well Name and No.
GAUCHO 21 FED 3H

9. API Well No.
30-025-42136

10. Field and Pool, or Exploratory
WC-025,G-06,S223421; BS

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 21 T22S R34E SESW 200FSL 1450FWL
32.370490 N Lat, 103.478813 W Lon

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

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 checked="" 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 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.)

THIS SUNDRY IS A REVISION TO THE AMOUNT OF ACRES RECLAIMED REPORTED ON SUNDRY 10/25/16, EC TRANSACTION #355981, SERIAL # 852-33263.
THE REVISED AND CORRECT AMOUNT OF ACRES RECLAIMED ON DOWNSIZE = 1.9207

3H) 30-025-42136 (ABOVE)

4H) 30-025-42137
32.3704904; 103.4786508
200 FSL & 1500 FWL; N-21-22S-34E

3/24/17 - OK to APPROVE (HP)

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

Electronic Submission #356135 verified by the BLM Well Information System
For DEVON ENERGY PRODUCTION CO LP, sent to the Hobbs
Committed to AFMSS for processing by DEBORAH MCKINNEY on 10/27/2016 ()

Name (Printed/Typed) DENISE MENOUD Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission) Date 10/27/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Accepted for Record

Approved By James A. Jones Title SPT Date 4-15-17

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 CFD

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 **

Accepted for Record Only
MJB/OCD 4/18/2017

