

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

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.
NMNM63994

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on page 2

RECEIVED

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
DEVON ENERGY PROD CO LP
Contact: CHANCE BLAND
E-Mail: chance.bland@dvn.com

3a. Address
123 W. SHERIDAN AVE
OKLAHOMA CITY, OK 73102

3b. Phone No. (include area code)
Ph: 405-693-9277

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 6 T23S R32E Mer NMP NENW 550FNL 2435FWL

5. Well Name and No.
BOUNDARY RAIDER 6-7 FED COM 211H

6. API Well No.
30-025-44146

7. Field and Pool or Exploratory Area
SAND DUNES; BONE SPRING

8. County or Parish, State
LEA COUNTY, NM

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 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.

Devon Energy is respectfully informing you that casing is as follows:
 (12/8/2017 ? 12/10/2017) Spud @ 22:30. TD 17-1/2? hole @ 902?. RIH w/ 23 jts 13-3/8? 54.50# J-55 BTC csg, set @ 886?. Lead w/ 910 sx CIC, yld 1.33 cu ft/sk. Disp w/ 130bbbs FW. Circ 87 sx cmt to surf. PT BOPE 250/5000 psi, held each test for 10 min, OK. PT csg to 1500 psi for 30 mins, OK.
 12/11/2017? 12/13/17) TD 12-1/4? hole @6074?. RIH w/ 86 jts 9-5/8? 40# J-55 BTC csg & 57 jts 9-5/8? 40# P-110 csg, set @ 6068?. Lead w/790 sx cmt, yld 3.63 cu ft/sk. Tail w/ 235 sx CIC, yld 1.33 cu ft/sk. Disp w/ 457 bbbs-FW. Circ37 sx cmt to surf. PT csg to 2765 psi for 30 mins, OK.
 (12/14/2017 ? 12/28/17) TD 8-3/4? hole @ 10521? & 8-1/2? hole @ 20390?. RIH w/ 484 jts 5-1/2? 17# P110RY CDC-HTQ csg, set @ 20359?. Lead w/ 490 sx cmt, yld 3.63 cu ft/sk. Tail w/ 2025 sx cmt, yld 1.47 cu ft/sk. Disp w/ 450 bbbs water. ETO 992?. RR @ 22:00.

14. I hereby certify that the foregoing is true and correct.
 Electronic Submission #399571 verified by the BLM Well Information System
 For DEVON ENERGY PROD CO LP, sent to the Hobbs
 Committed to AFMSS for processing by JENNIFER SANCHEZ on 01/04/2018 ()

Name (Printed/Typed) CHANCE BLAND Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission) Date 01/04/2018

ACCEPTED FOR RECORD
JAN 5 2018
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)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

Handwritten initials and signatures:
 KB
 [Signature]