

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.*

**HOBBS OCD**  
**MAR 01 2018**  
**RECEIVED**

5. Lease Serial No. NMNM0309376 ✓  
6. If Indian, Allottee or Tribe Name  
7. If Unit or CA/Agreement, Name and/or No.  
8. Well Name and No. CONTINENTAL COM FEDERAL 1 ✓  
9. API Well No. 30-025-20912 ✓  
10. Field and Pool or Exploratory Area LUSK; STRAWN  
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  
2. Name of Operator **DEVON ENERGY PRODUCTION CO.** Contact: ERIN WORKMAN  
E-Mail: Erin.workman@dvn.com  
3a. Address 333 WEST SHERIDAN AVE OKC, OK 73102  
3b. Phone No. (include area code) Ph: 405-552-7970

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 Site Facility Diagram/Security Plan
	<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 Respectfully submits update Site Facility Diagram for the subject well. This is in response to INC17JLS47. The document was submitted to Jon Staton in Hobbs on , but submitting 12/14/2016. Filing the sundry to secure the submittal of this SFD.

Attached: INC17JLS47  
Site Facility Diagram  
Copy of the certified mailing sent to Hobbs

**Accepted for Record Purposes.**  
**Approval Subject to Onsite Inspection.**  
Date: 2-28-18  
DMcKinney

14. I hereby certify that the foregoing is true and correct.  
Electronic Submission #372183 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 04/11/2017 ()

Name (Printed/Typed) ERIN WORKMAN Title REGULATORY COMPLIANCE PROF.  
Signature (Electronic Submission) Date 04/05/2017

**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 \*\***

Continental Fed Com 1  
 Section 6, T19S R32E  
 API # 30-025-20912  
 Lea County, N.M  
 NMNM0309376

Production System: Open

1) Oil sales by tank gauge to tank truck.

2) Seal requirements:

A. Production Phase: On all Tanks.

(1) All valves 5 sealed closed.

Sales Phase: On Tank being hauled.

(1) Valve 1 sealed closed. 

(2) Valve 3 sealed closed. 

(3) Valve 4 sealed closed. 

(4) Valve 5 sealed closed. 

(5) Misc. Valves: Plugged or otherwise unaccessible. 

NOTE: Valve 2 is either a test or roll line if there is a valve 2 it will be sealed closed. 

**Ledger for Site Diagram**

Valve #1: Production Line 

Valve #2: Test or Roll line 

Valve #3: Equilizer Line 

Valve #4: Circ./Drain Line 

Valve #5: Sles Line 

Valve #6: BS&W Load Line 

Buried Lines: 

Firewall: 

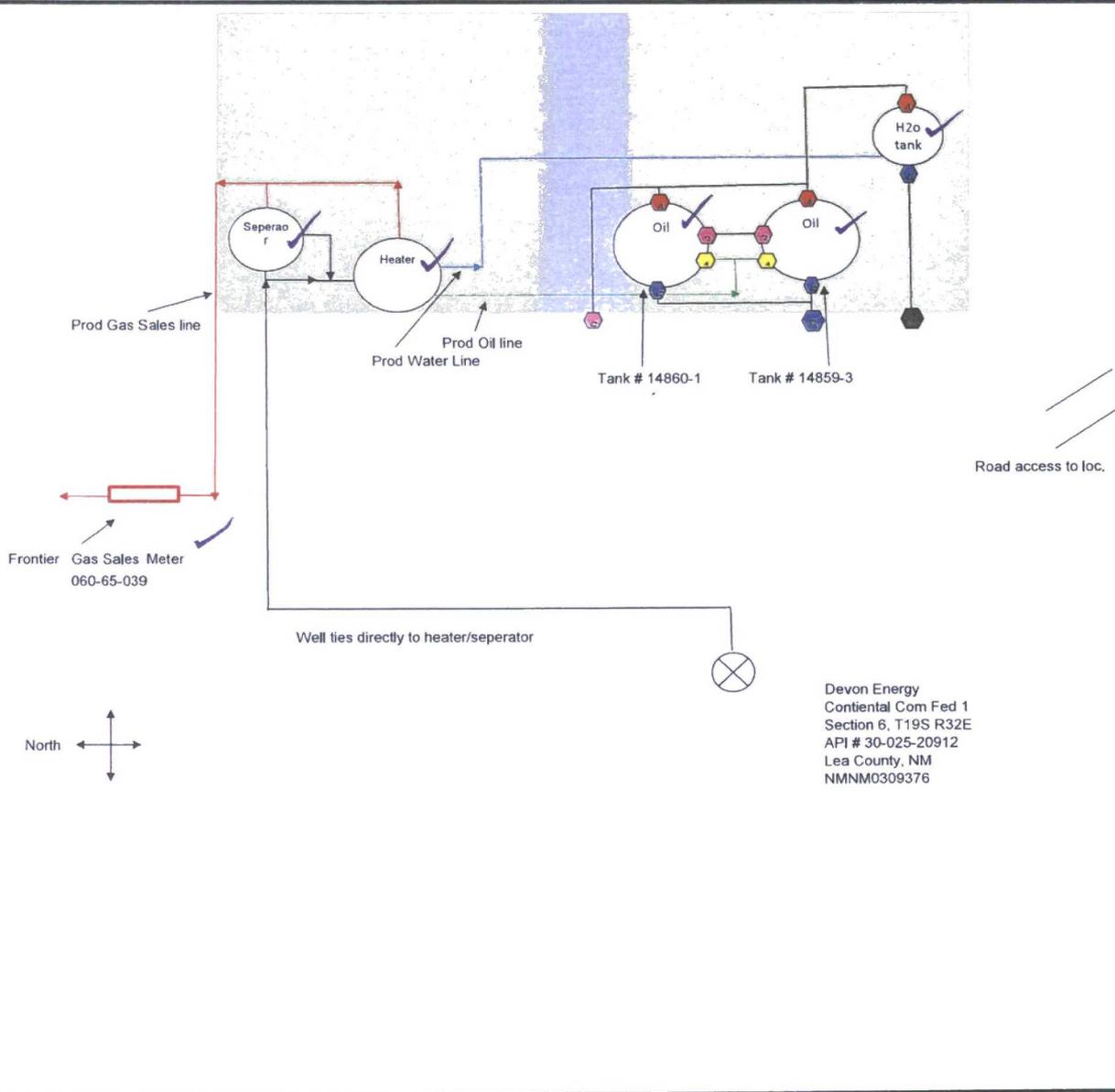
Wellhead: 

Stak-pak: 

Production line: 

Water line: 

Gas Meter   



Devon Energy  
 Continental Com Fed 1  
 Section 6, T19S R32E  
 API # 30-025-20912  
 Lea County, NM  
 NMNM0309376

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

**OFFICIAL USE**

7016 1370 0001 6852 5714

Certified Mail Fee \$ \_\_\_\_\_

Extra Services & Fees (check box, add fee as appropriate)

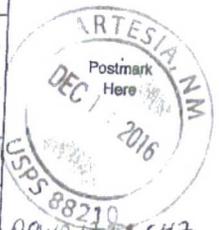
Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_



Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Sent To *Confidential Com Fed Award # 11-547*

Street and Apt. No., or PO Box No. *Bureau of Land Management*

City, State, ZIP+4® *414 W Taylor Hobbs NM 88240*

PS Form 3800, Apr 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Attn: Jon Stator*  
*Bureau of Land Management*  
*414 W Taylor*  
*Hobbs NM 88240*



9590 9402 1979 6123 6298 89

2. Article Number (Transfer from service label)

7016 1370 0001 6852 5714

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Kristi Pruitt*  Agent  Addressee

B. Received by (Printed Name) *Kristi Pruitt* C. Date of Delivery

D. Is delivery address different from Item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

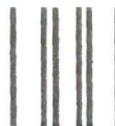
Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery

Insured Mail  Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 1979 6123 6298 89

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Continental Com Ad 110W017JLS47  
Devon Energy Corporation  
PO Box 250  
Artesia NM 88211



**BLM COPY**

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

**NOTICE OF INCIDENTS OF NONCOMPLIANCE**

Certified Mail - Return Receipt Requested  
70090820000144004830

Hand Delivered Received by

Identification	
ID	SW231
Lease	NMNM0309376
CA	NMNM71138
Unit	
PA	

Bureau of Land Management Office <b>HOBBS INSPECTION OFFICE</b>	Operator <b>DEVON ENERGY PRODUCTION COM LP</b>
Address <b>414 WEST TAYLOR HOBBS NM 88240</b>	Address <b>P O BOX 250 ARTESIA NM 88211</b>
Telephone <b>575.393.3612</b>	Attention <b>KAREN COTTOM</b>
Inspector <b>STATION</b>	Attn Addr <b>20 NORTH BROADWAY OKLAHOMA CITY OK 73102-8260</b>

Site Name <b>CONTINENTAL</b>	Well/Facility/FMP <b>A</b>	1/4 1/4 Section <b>SWSE 6</b>	Township <b>19S</b>	Range <b>32E</b>	Meridian <b>NMP</b>	County <b>LEA</b>	State <b>NM</b>
Site Name <b>CONTINENTAL COM FEDERAL</b>	Well/Facility/FMP <b>1</b>	1/4 1/4 Section <b>SWSE 6</b>	Township <b>19S</b>	Range <b>32E</b>	Meridian <b>NMP</b>	County <b>LEA</b>	State <b>NM</b>

**THE FOLLOWING VIOLATION WAS FOUND BY BUREAU OF LAND MANAGEMENT INSPECTORS ON THE DATE AND AT THE SITE LISTED ABOVE**

Date	Time (24 - hour clock)	Violation	Gravity of Violation
<b>11/17/2016</b>	<b>09:35</b>	<b>Onshore Order #2 (l), 43 CFR 3162.7-5 (d) 1-3</b>	<b>MINOR</b>
Corrective Action To Be Completed By	Date Corrected	Assessment for Noncompliance	Assessment Reference
<b>12/16/2016</b>			<b>43 CFR 3163.1()</b>

**Remarks**

This office does not have a current site facility diagram on file. Submit to this office a current site facility diagram which accurately reflects production equipment, piping and metering systems at site. Failure to comply will result in monetary assessments.

NOV 21 2016

ALL COPY TO BLM

When violation is corrected, sign this notice and return to above address.

Company Representative Title Production Foreman Signature [Signature] Date 12-14-16

Company Comments \_\_\_\_\_

**WARNING**

Incidents of Noncompliance correction and reporting timeframes begin upon receipt of this Notice or 7 business days after the date it is mailed, whichever is earlier. Each violation must be corrected within the prescribed time from receipt of this Notice and reported to the Bureau of Land Management office at the address shown above. Please note that you already may have been assessed for noncompliance (see amount under "Assessment for Noncompliance"). If you do not comply as noted above under "Corrective Action To Be Completed By" you may incur an additional assessment under (43 CFR 3163.1) and may also incur Civil Penalties (43 CFR 3163.2). All self-certified corrections must be postmarked no later than the next business day after the prescribed time for correction.

Section 109(d)(1) of the Federal Oil and Gas Royalty Management Act of 1982, as implemented by the applicable provisions of the operating regulations at Title 43 CFR 3163.2(f)(1), provides that any person who "knowingly or willfully" prepares, maintains, or submits, false, inaccurate, or misleading reports, notices, affidavits, record, data, or other written information required by this part shall be liable for a civil penalty of up to \$25,000 per violation for each day such violation continues, not to exceed a maximum of 20 days.

**REVIEW AND APPEAL RIGHTS**

A person contesting a violation shall request a State Director review of the Incidents of Noncompliance. This request must be filed within 20 working days of receipt of the Incidents of Noncompliance with the appropriate State Director (see 43 CFR 3165.3). The State Director review decision may be appealed to the Interior Board of Lands Appeals, 801 North Quincy Street, Suite 300, Arlington VA 22203 (see 43 CFR 3165.4). Contact the above listed Bureau of Land Management office for further information.

Signature of Bureau of Land Management Authorized Officer [Signature] Date 2016/11/17 Time 9:35

**FOR OFFICE USE ONLY**

Number <b>15</b>	Date	Assessment	Penalty	Termination
Type of Inspection <b>PI</b>				

**BLM COPY**

Certified Mail - Return Receipt Requested  
7009082000144004830

Hand Delivered Received by

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

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CA	NMNM71138
Unit	
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Inspector <b>STATON</b>	Attn Addr <b>20 NORTH BROADWAY OKLAHOMA CITY OK 73102-8260</b>

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NOV 23 2016

ARTESIA, N.M.

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