

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD
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.

APR 06 2018
RECEIVED

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC063798
2. Name of Operator DEVON ENERGY PROD CO LP Contact: CHANCE BLAND E-Mail: chance.bland@dvn.com		6. If Indian, Allottee or Tribe Name
3a. Address 123 W. SHERIDAN AVE OKLAHOMA CITY, OK 73102	3b. Phone No. (include area code) Ph: 405-693-9277	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 23 T24S R33E Mer NMP SESW 200FSL 1980FWL		8. Well Name and No. BLUE KRAIT 23-14 FED 2H
		9. API Well No. 30-025-43236
		10. Field and Pool or Exploratory Area RED HILLS-BONE SPRING, NO
		11. 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 that this well has been completed as follows.
11/4/17-1/31/2018: RIH, attempted log, unable to det TOC. Squeeze Job - 280 sks POZ MIX, yld 1.91 cu ft.sk., Top depth 3200', btm 5140'. 719 psi, decr'd to 200 psi by end of slurry. Disp, incr to 1000 psi, 120 bbls pmpd@5 BPM, 343 psi; 10 bbls 2 BPM, 200 psi; 6 bbls 1 BPM, 160 psi. SD; 105 psi; PT 15min 90 PSI. SI annulus w/90psi. Tst WH to 10K, 15 mins, ok. TIH & ran GR, found ETOC @ 3800'. TIH w/pump through frac plug and guns. Perf Bone Spring, 11851'-20959'. Frac totals 26,040 gals acid, 18,605,000# prop. ND frac, MIRU PU, NU BOP, DO plugs & CO to PBD 21,007'. CHC, FWB, ND BOP. RIH w/332 jts 2-7/8" L-80 tbg, set @ 10,952'. TOP.

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

**Electronic Submission #410040 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 04/03/2018 ()**

Name (Printed/Typed) CHANCE BLAND	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 04/02/2018
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 BUREAU OF LAND MANAGEMENT CARLSBAD 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)

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