

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.
NMNM18848

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on page

HOBBS OCD
MAR 12 2019
RECEIVED

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
DEVON ENERGY PRODUCTION COMPANY
Contact: JENNIFER HARMS
jennifer.harms@dvn.com

3a. Address
333 WEST SHERIDAN AVENUE
OKLAHOMA CITY, OK 73102

3b. Phone No. (include area code)
Ph: 405-552-6560

8. Well Name and No.
BOUNDARY RAIDER 5 FED 231H

9. API Well No.
30-025-45068-00-X1

10. Field and Pool or Exploratory Area
SAND DUNES

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 8 T23S R32E NWNW 100FNL 1056FWL
32.326031 N Lat, 103.701813 W Lon

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 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 checked="" 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 recomplate 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.

Site Name: Boundary Raider 5 Fed 231H

1. Name(s) of formation(s) producing water on the lease: 2nd Bone Spring

2. Amount of water produced from all formations in barrels per day: 1500bbls per day

4. How water is stored on lease:
2-500bbl water tanks located at the Boundary Raider 6-2 Battery

5. How water is moved to the disposal facility: piped

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

**Electronic Submission #452824 verified by the BLM Well Information System
For DEVON ENERGY PRODUCTION COMPAN, sent to the Hobbs
Committed to AFMSS for processing by DEBORAH MCKINNEY on 02/01/2019 (19DLM0240SE)**

Name (Printed/Typed) JENNIFER HARMS Title REGULATORY COMPLIANCE ANALYST

Signature (Electronic Submission) Date 02/01/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE 2019

Approved By _____ Title _____ Date _____

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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.

Additional data for EC transaction #452824 that would not fit on the form

32. Additional remarks, continued

6. Identify the Disposal Facility by:

A. Facility Operators Name:

- a) Devon Energy Corp
- b) Mesquite SWD, Inc

B. Facility or well name/number:

- a) Todd 2 Water Treatment Facility 2RF-114
- b) Bran SWD 1 API #30-025-43473 SWD-1558 ✓

C. Type of Facility or well (WDW) (WIW): WDW

D.1) Location: Section 2 Township 23S Range 31E

D.2) Location: SE/4 SE/4 Section 11 Township 24S Range 31E