

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Carlsbad Field Office

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.
NMNM86926
If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other Instructions on page 2

JUN 10 2019

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

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
DIAMONDTAIL 24A 01

2. Name of Operator
DEVON ENERGY PRODUCTION COMPANY
Contact: DENISE MENOUD
Email: Denise.Menoud@dvn.com

9. API Well No.
30-025-33521-00-S1

3a. Address
P O BOX 250
ARTESIA, NM 88201

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

10. Field and Pool or Exploratory Area
DIAMONDTAIL-DELAWARE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 24 T23S R32E SWNW 1980FNL 330FWL

11. County or Parish, State
LEA COUNTY, NM

RECEIVED

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 checked="" 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 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.

In response to the 2019 UIC Testing Schedule for Lea County, a Bradenhead test was performed on the well and witnessed by Gary Robinson. The test was considered as passing.

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

**Electronic Submission #463152 verified by the BLM Well Information System
For DEVON ENERGY PRODUCTION COMPANY LP, sent to the Hobbs
Committed to AFMSS for processing by PRISCILLA PEREZ on 04/26/2019 (19PP1659SE)**

Name (Printed/Typed) DENISE MENOUD

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 04/26/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____

Title

Accepted for Record

APR 26 2019
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.

Jonathon Shepard
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.

(Instructions on page 2)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>Devon Energy</i>	API Number <i>#30-025-35521</i>
Property Name <i>Diamondtail</i>	Well No. <i>24A #01 SWD</i>

* Surface Location									
UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County	
	<i>24</i>	<i>23S</i>	<i>32E</i>	<i>1980'</i>	<i>FNL</i>	<i>330'</i>	<i>FNL</i>	<i>LEA</i>	

Well Status							DATE
TA'D WELL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJ INJ <input type="checkbox"/>	INJECTOR SWD <input checked="" type="checkbox"/>	OIL OIL <input type="checkbox"/>	GAS GAS <input type="checkbox"/>	PRODUCER PRODUCER <input type="checkbox"/>	<i>4-25-19</i>

OBSERVED DATA

	(A)Surface	(B)Intern(1)	(C)Intern(2)	(D)Prod Cng	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>1150</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of fluid logged for Transition if applies
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature:	OIL CONSERVATION DIVISION
Printed name:	
Title:	
E-mail Address:	
Date:	
Phone:	Entered into RBDMS
Witness: <i>Dan Robinson</i>	

INSTRUCTIONS ON BACK OF THIS FORM