

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.

SUBMIT IN TRIPLICATE - Other instructions on page 2

5. Lease Serial No.
NMNM94186

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
THISTLE UNIT 157H

9. API Well No.
30-025-43728-00-X1

10. Field and Pool or Exploratory Area
TRIPLE X

11. County or Parish, State
LEA COUNTY, NM

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
DEVON ENERGY PRODUCTION COMPANY
Contact: REBECCA DEAL
E-Mail: Rebecca.Deal@dvn.com

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

3b. Phone No. (include area code)
Ph: 405-228-8429

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 33 T23S R33E SWSW 340FSL 1280FWL
32.254848 N Lat, 103.581665 W Lon

HOBBS OCD
OCT 21 2019
RECEIVED

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

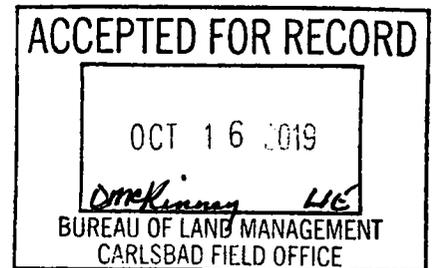
TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input 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 recompleat 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 recompleat 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.

WATER PRODUCTION & DISPOSAL INFORMATION

Site Name: Thistle Unit 157H

- Name(s) of formation(s) producing water on the lease: Triple X; Bone Spring
- Amount of water produced from all formations in barrels per day: 2858 BWPD
- How water is stored on lease: 3-750BBL Storage Water Tanks
- How water is moved to the disposal facility: Piped



14. I hereby certify that the foregoing is true and correct.
Electronic Submission #487644 verified by the BLM Well Information System
For DEVON ENERGY PRODUCTION COM LP, sent to the Hobbs
Committed to AFMSS for processing by DEBORAH MCKINNEY on 10/15/2019 (20DLM0016SE)

Name (Printed/Typed) REBECCA DEAL Title REGULATORY COMPLIANCE PROFESSI

Signature (Electronic Submission) Date 10/11/2019

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.

Additional data for EC transaction #487644 that would not fit on the form

32. Additional remarks, continued

6. Identify the Disposal Facility by:

A. Facility Operators Name: A) Devon Energy Corporation B) OWL SWD Operating, LLC

B. Facility or well name/number: A)Rio Blanco 4 Fed 3 SWD B) Brininstool 25 Federal SWD 1

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

D.1) Location by ?? NW/4 SE/4 Section 4 Township 23S Range 34E

D.2) Location by ?? SE/4 NE/4 Section 25 Township 23S Range 34E