

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCB 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**

**HOBBS OCB**  
**NOV 18 2019**

**RECEIVED**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM94186
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY		6. If Indian, Allottee or Tribe Name
Contact: REBECCA DEAL Email: Rebecca.Deal@bvn.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address P O BOX 250 ARTESIA, NM 88201	3b. Phone No. (include area code) Ph: 405-228-8429	8. Well Name and No. THISTLE UNIT 159H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 33 T23S R33E SWSE 150FSL 1839FEL 32.254318 N Lat, 103.574692 W Lon		9. API Well No. 30-025-43659-00-X1
		10. Field and Pool or Exploratory Area TRIPLE X
		11. County or Parish, State LEA COUNTY, NM

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

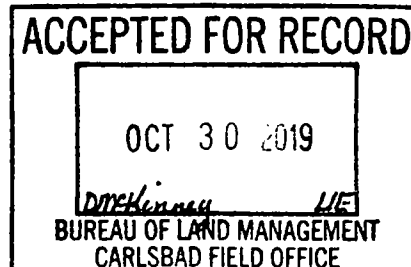
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize <input type="checkbox"/> Deepen <input type="checkbox"/> Production (Start/Resume) <input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> 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 recomple 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 recomple 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**

Thistle Unit 159H

1. Name(s) of formation(s) producing water on the lease: Triple X; Bone Spring
2. Amount of water produced from all formations in barrels per day: 5397 BWPD
4. How water is stored on lease: 3-750BBL Storage Water Tanks
5. How water is moved to the disposal facility: Piped



14. I hereby certify that the foregoing is true and correct. Electronic Submission #489468 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 10/25/2019 (20DLM0032SE)	
Name (Printed/Typed) REBECCA DEAL	Title REGULATORY COMPLIANCE PROFESSI
Signature (Electronic Submission)	Date 10/23/2019

**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.

(Instructions on page 2)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

*KC*

**Additional data for EC transaction #489468 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