

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLSDo 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

OCD-HOBES

RECEIVED

FEB 19 2009

HOBBSOCD

FORM APPROVED
OMB NO 1004-0135
EXPIRES: NOVEMBER 30, 2000

1a Type of Well <input checked="" type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other _____	5 Lease Serial No. NMNM100864
2 Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 250 - Artesia, NM 88211-0250 505-748-3371	7. Unit or CA Agreement Name and No
4 Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 4, T23S, R34E K 33 - 228 - 34E / 1980 South 1830 West	8 Well Name and No Rio Blanco 33 #03
	9. API Well No 30-025037860
	10. Field and Pool, or Exploratory Bell Lake Northeast
	12. County or Parish 13. State Lea County, NM

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<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 checked="" type="checkbox"/> Water Disposal	

13 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work and approximate duration thereof. If the proposal deepens directionally or recompletes

Devon Energy Production Co., LP respectfully requests permission to dispose produced water from this lease to Devon Energy's Caballo SW Disposal System using a transfer pump. The Caballo SW Disposal is located in Sec. 9, T23S, R34E. The Rio Blanco 33 Federal #3 produces approximately 122 bbls. a day.

The Caballo State 9#1 SWD permit #is SWD 1077. See Attachment*

APPROVED

FEB 16 2009

JAMES A. AMOS
SUPERVISOR-EPS

14 I hereby certify that the foregoing is true and correct

Signed Roger Hernandez Name Roger Hernandez Title Production Foreman Date 1/23/2009

(This space for Federal or State Office use)

Approved by [Signature] Title DISTRICT 1 SUPERVISOR Date FEB 20 2009

Conditions of approval, if any.

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations to any matter within its jurisdiction

*See Instruction on Reverse Side

Submit 3 Copies To Appropriate District Office

District I
1625 N. French Dr., Hobbs, NM 88201
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Abo, NM 87411
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.

30-025-34577

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Caballo 9 State

8. Well Number 1

9. OGRID Number

6137

10. Pool name or Wildcat

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other ☒ Salt Water Disposal

2. Name of Operator

Devon Energy Production Company, L.P.

3. Address of Operator

20 North Broadway, Suite 1500, Oklahoma City, Oklahoma 73102 (405) 552-4615

4. Well Location

Unit Letter E : 1650 feet from the North line and 660 feet from the West line
Section 9 Township 23S Range 34E Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3419' GR; 3434' KB

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water

Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: ☒ Convert to SWD. Admin Order SWD-1077

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

SWD 1077

- MIRU. POOH w/existing tubing and rod string.
- Set CIBP at 8450' and dump bail 35' cement on top to isolate Bone Spring perms from 8494' to 8531'.
- Set CIBP at 7250' and dump bail 35' cement on top. PBD at 7215'. (PBD needs to be within 200' of bottom injection interval)
- Perforate Delaware Bell Canyon from 5040 to 5760'. Perforate the Delaware Cherry Canyon from 5760' to 7028'.
- Acidize 5040' - 7028' with +/- 5000 gals 7.5% NeFe. Frac w/+/-120,000# proppant.
- Run 7" IPC packer and 3-1/2", poly lined tubing. Set packer +/- 5000'. Load annulus with packer fluid and perform MIT test on casing. Chart results. (Note: Notify OCD 24 hours in advance prior to performing MIT test). Wellhead injection pressure shall be limited to 1008 psi. Equip well with pressure limiting device so that 1008 psi is not exceeded. Commence Injection.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Ronnie Slack TITLE Engineering Technician DATE 5/8/07

Type or print name Ronnie Slack

E-mail address: Ronnie.Slack@dvn.com

Telephone No. 405-552-4615

For State Use Only

APPROVED BY: Larry W. Wink

OC FIELD REPRESENTATIVE II/STAFF MANAGER

Conditions of Approval (if any):

MAY 15 2007