

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N.M. Oil Cons. DIV-Dist. 2
1901 W. Grand Avenue
Alamosa, NM 88210

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals

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

SUBMIT IN TRIPLICATE

1a. Type of Well ☐ Oil Well ☒ Gas Well ☐ Other _____

RECEIVED

2. Name of Operator
DEVON ENERGY PRODUCTION COMPANY, LP

APR 20 2005

3. Address and Telephone No.
20 North Broadway, Ste 1500, Oklahoma City, OK 73102 405-552-8198

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
Sec 17 T 19S R31E NWSW 1780 FSL 660 FWL

5. Lease Serial No.	NMNM99040
6. If Indian, Allottee or Tribe Name	
7. Unit or CA Agreement Name and No.	
8. Well Name and No.	RANGER 17 FED 1
9. API Well No.	30-015-30119-00-S2
10. Field and Pool, or Exploratory	LUSK
12. County or Parish	EDDY COUNTY
13. State	NM

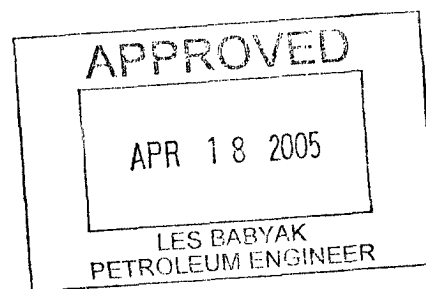
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 checked="" 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 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 horizontally, give subsurface location 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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirement, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection)

Devon Energy Production Company, LP respectfully requests to withdraw the previously approved electronic submission # 55469 and submit for approval to recomplete the Wolfcamp Bone Spring as follows:

1. MIRU Pulling Unit, POOH with existing tubing.
2. RIH with CIBP setting same at approximately 10185' above WLCP perfs at 10210-10240'. Dump bail 35 feet cement on CIBP. New PBTD @ 10,150.
3. MIRU WL company, RIH with 3-1/8" slick guns and perforate Bone Spring from 8848-8888'.
4. RIH with packer and tubing and set packer at approximately 8800', acidize perforations with 7-1/2% HCl. Frac well with sand if deemed necessary.
5. RIH with 2-7/8" tubing and flow well. Put on rod pump if necessary.



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

Signed Norvella Adams Name Norvella Adams
Title Sr. Staff Engineering Technician Date 4/12/2005

This space for Federal or State Office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: _____

Under 18 U.S.C. Section 1001, it is 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