

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

OCD-ARTESIA

FORM APPROVED  
OMB NO. 1004-0135  
EXPIRES: March 31, 2007

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

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SUBMIT IN TRIPLICATE

1a. Type of Well	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> Other
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP			
3. Address and Telephone No. 20 North Broadway, Oklahoma City, OK 73102 405-235-3611			
4. Location of Well (Report location clearly and in accordance with Federal requirements)* 1850 FNL 500 FWL SEC 27 T23S R31E			

5. Lease Serial No. NM-0418220-A
6. If Indian, Allottee or Tribe Name
7. Unit or CA Agreement Name and No.
8. Well Name and No. Todd 27E Federal 5
9. API Well No. 30-015-35517
10. Field and Pool, or Exploratory Ingle Wells; Delaware
11. County or Parish State Eddy NM

12. CHECK APPROPRIATE BOX(s) 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"/> 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 Completion Report
	<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 any proposed work and approximate duration thereof. If the proposal deepen 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 must be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.

11/29/07 -12/13/07 Tag DV Tool @ 4455' and drld to 4460'. CHC. Test to 1000#, good. RIH to PBTD @ 8327' per CBL to 6000' & TOC @ 900'. RIH w/ csg gun. Perf 7989-8000' @ 2 spf: total 22 shots. RU BJ acidize w/ 7 1/2% HCL. FL w/ 2% KCL. Frac w/ 29K gals Spectra Star 2500 w/ 1000# 100 mesh sd, 40,500# 20/40 white sd & 15,000# 16/30 Siber Prop. Flush w/ 184 bbls 2% KCL. RD BJ. Perf M. Brushy Canyon 7898-7918' & 7814-23' @ 2 spf: 58 total shots. Set RBP @ 7886' & test 2000#, ok. RU & RIH w/ swab. RU BJ & acidize w/ 1K gals 7 1/2% Pentol & 60 BS. FL w/ 2% KCL. RD BJ. RU & RIH w/ swab. ND WH. NU BOP. TOOH w/ RBP & set @ 7886' & test to 2000#, ok. RU & RIH w/ swab. SN @ 8012'. TAC @ 7694'. Perfs open: 8000-7989', 7918-7898', 7823-14'. RIH w/ pump & rods. LT & test. POP. Rig Rlsd.

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

Name Signed Judy A. Barnett Name Title Judy A. Barnett Regulatory Analyst

Approved by \_\_\_\_\_ Title \_\_\_\_\_

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 \_\_\_\_\_

\*See Instruction on Reverse Side

Date	1/29/2008
ACCEPTED FOR RECORD	
Date	FEB 3 2008
BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE	

Accepted for record - NMOCB