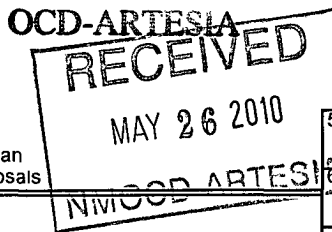


UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE



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

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

2. Name of Operator

DEVON ENERGY PRODUCTION COMPANY, LP

3. Address and Telephone No.

20 North Broadway, Oklahoma City, OK 73102-8260 405-552-8198

4. Location of Well (Report location clearly and in accordance with Federal requirements)*

1520 FSL 1280 FEL M 35 17S 27E

5. Lease Serial No.

LC-057798

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

8. Well Name and No.

Logan 35 Federal 1

9. API Well No.

30-015-36081

10. Field and Pool, or Exploratory

RedLake; San Andres

11. County or Parish State

Eddy

NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <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 checked="" 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 deepen directionally or recompleat 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 recompleat 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)

2/16/2010 MIRU. Unhang well. POOH with rods and pump. ND wellhead and NU BOP. POOH with tubing.

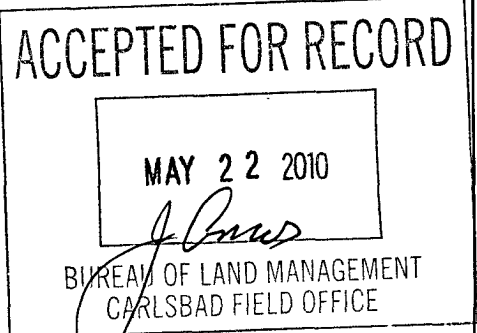
2/17/2010 MIRU. RIH and perforate from 2056'-2345', 1 spf, 0.38" holes; 51 total holes. RIH with RBP and set at 2614'. Dump 3 sacks sand on top of RBP. RIH with packer and set at 1978'. Test RBP to 2000 psi - good.

2/18/2010 Acidize San Andres perfs with 3000 gallons 15% HCl. Unset packer and POOH with packer and tubing. ND BOP and NU Frac valve.

2/19/2010 Frac perfs with 217,896 gallons Viking 1200, 2020 gallons freshwater, 116,809 # 20/40 Brown sand and 22,976 # 16/30 Siberprop.

2/22/2010 Flow well back. ND frac valve and NU BOP. RIH with tubing; EOT at 2361'. ND BOP.

2/24/2010 RIH with pump and rods. Hang well on. Test to 500 psi - good. RDMO.



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

Signed *Norvella Adams* Name Norvella Adams
Title Senior Staff Engineering Technician

Date 5/6/2010

(This space for Federal or State Office use)

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

Under penalty of perjury, I declare that I am a duly authorized representative of the Bureau of Land Management, Department of the Interior, and I am authorized to make any statement or representation to any matter within its jurisdiction.

*See Instruction on Reverse Side

MR