

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRIES 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.

SUBMIT IN TRIPLICATE

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)*

1150' FNL & 960' FEL Unit A Sec 35 T17S R27E

5. Lease Serial No.

NMLC050158

6. If Indian, Allottee or Tribe Name

7 Unit or CA Agreement Name and No.

8 Well Name and No.

Eagle 35 A Federal 19

9 API Well No.

30-015-33427

10 Field and Pool, or Exploratory

Red Lake; Q-GB-San Andres

11. County or Parish State

Eddy

NM

12. CHECK APPROPRIATE BOX(s) 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 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, 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 approval to temporarily abandon the Yeso formation and recomplete the San Andres formation. We plan on commingling the two zones at a later time.

1. MIRU PU. TOH and LD rods and pump.
2. ND wellhead and NU BOP. POOH with tubing. ND BOP and NU Frac valve.
3. RIH and set composite plug at ~ 2,990'. Test CBP to 2000 psi.
4. MIRU and RIH with perforating gun. Perforate San Andres from 2740' - 2958'; 1-2 SPF, 0.38" holes.
5. Spearhead perms with acid prior to frac. Frac San Andres per recommendation.
6. RIH and set composite plug at ~ 2,720'. Test CBP to 2000 psi.
7. RIH with perforating gun. Perforate San Andres from 2559' - 2684'; 1 SPF, 0.38" holes.
8. Spearhead perms with acid prior to frac. Frac San Andres per recommendation.
9. Flow well back. ND frac valve and NU BOP. RIH and tag CBP at ~ 2720'. Drill out/knock CBP to bottom. RIH and tag CBP at 2,990'. Cleanout to CBP. POOH
10. RIH with tubing, rods, and pump. Hang well on production.
11. RDMO.

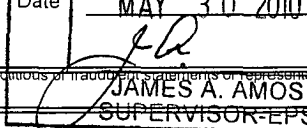
* Subject to like Approval from State

14 I hereby certify that the foregoing is true and correct

Signed  Name Norvella Adams
Title Sr. Staff Engineering Technician

(This space for Federal or State Office use)

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

APPROVED	
Date	5/18/2010
MAY 30 2010	
	
JAMES A. AMOS SUPERVISOR-EPS	

*See Instruction on Reverse Side