Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OM B No. 1004-0137 Expires: March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS	
SOUDH! NOTICES AND REFORMS! ON WELLS	5. Lease Serial No. SF 078988
Do not use this form for proposals to drill or to re-enter an	6. If Indian, Allottee or Tribe Name
abandoned well. Use Form 3160 - 3 (APD) for such proposals.	
SUBMIT IN TRIPLICATE- Other instructions ຈົກ reverse side.	7. If Unit or CA/Agreement, Name and/or No.
Type of Well	Northeast Blanco Unit NINNIN 78
	8. Well Name and No. NEBU 327
Name of Operator Devon Energy Production Company, L.P.	9. API Well No.
Address 3b. Phone No. (include area code) O Box 6459, Farmington, NM 87419 505-632-0244	30-045-31291 10. Field and Pool, or Exploratory Area
Location of Well (Footage, Sec., T., R., M., or Survey Description)	Blanco Mesaverde
385' FNL & 1,255' FWL, NW NW, Unit D, Sec. 20, T31N, R6W	11. County or Parish, State
	San Juan, NM
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE,	REPORT, OR OTHER DATA
TYPE OF SUBMISSION TYPE OF ACTION	
Acidize Deepen Production (Start/Resume)
Notice of Intent Alter Casing Fracture Treat Reclamation	Well Integrity
Subsequent Report Casing Repair New Construction Recomplete	Other Down Hole
Final Abandonment Notice Change Plans Plug and Abandon Temporarily	
Convert to Injection Plug Back Water Dispos	at
and returned to sales on 8/11/05. State DHC # 1555AZ.	asin Dakota zones was completed on 8/10/05
Conf.	OCT 2005
4. Thereby certify that the foregoing is true and correct	OCT 2005
ON CONTRACTOR OF THE PROPERTY	DCT 2005 ONS. DIV.
4. Thereby certify that the foregoing is true and correct Name (Printed/Typed)	OCT 2005 ONS. DIV. ZINCULAR Fechnician
4. Thereby certify that the foregoing is true and correct Name (Printed/Typed) Melisa Zimmerman Title Senior Operations	OCT 2005 ONS. DIV. Cechnician
4. Thereby certify that the foregoing is true and correct Name (Printed/Typed) Melisa Zimmerman Title Senior Operations Date THIS SPACE FOR FEDERAL OR STATE OFFICE	PCT 2005 SNS. DIV. ST. S Fechnician E USE ACCEPTED FOR RECORD
4. Thereby certify that the foregoing is true and correct Name (Printed/Typed) Melisa Zimmerman Signature Title Senior Operations Date THIS SPACE FOR FEDERAL OR STATE OFFICE pproved by onditions of approval, if any, are attached. Approval of this notice does not warrant or	CCT 2005 SNS. DIV. Cechnician E USE
4. Thereby certify that the foregoing is true and correct Name (Printed/Typed) Melisa Zimmerman Title Senior Operations Date 10-5- THIS SPACE FOR FEDERAL OR STATE OFFICE pproved by Title	PCT 2005 SNS. DIV. ST. S Fechnician E USE ACCEPTED FOR RECORD

(Instructions on page 2)