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

	DEPARTMENT OF THE			E	xpires: March 31, 2007
BUREAU OF LAND MANAGEMENT				5 Lease Senal 1 E-3150-1	Ňo
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 (APD) for such proposals.					Allottee or Tribe Name
SUBMIT IN TRIPLICATE- Other instructions on reverse side.				7 If Unit or CA/Agreement, Name and/or No. Northeast Blanco Unit	
1 Type of Well Gas Well Other				8. Well Name	
2 Name of Operator Devon Energy Production Company, L.P.				NEBU 343  9. API Well No	
3a Address 20 N. Broadway, Oklahoma C		3b. Phone No (include area code) 405-552-7917		30-045-34127  10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec.,	1			kota / Blanco Mesaverde	
SL: 1,490' FSL & 1,890 FEL, Unit J, NW SE, Sec. 16, T31N, R7W BHL: 1,300 FSL & 1,302' FEL, Unit P, SE SE, Sec. 16, T31N, R7W				11 County or Parish, State San Juan, NM	
12. CHECK A	PPROPRIATE BOX(ES) TO	INDICATE NATUR	RE OF NOTICE,	REPORT, OR	OTHER DATA
TYPE OF SUBMISSION		TY	PE OF ACTION		
✓ Notice of Intent  ☐ Subsequent Report	Acidize Alter Casing Casing Repair	Deepen Fracture Treat New Construction	Production (S	Start/Resume) [	Water Shut-Off Well Integrity Other Down Hole
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarily /		Commingle
T mai 7 toandomient route	Convert to Injection	Plug Back	Water Disposa	al 	
testing has been completed. Fi determined that the site is read Devon Energy Production	volved operations If the operation in Abandonment Notices shall be y for final inspection)  n Company, L.P. would like to unspecified future date. Pleas	filed only after all require	ments, including recta	mation, have been	completed, and the operator has RCVD NOV 2 '07
			NOVE	PED FOR	
	RECEIVE		N	10V 0 1 20	07
	MON O I SOC	ינ	CARAGI	CHAPPE	OFFICE
	Bureau or Land Mana Farmington Field (	ane <b>me</b> rii	A Separate	Ju Hem	<u> </u>
14 I hereby certify that the fore Name (Printed/Typed) Melisa Castro	egoing is true and correct	Title	laniar Staff Oparat	ione Tachnician	
CBL O.				ions recubicidii	
Signature Signature		Date	Vetoh	er 24	,2007
	THIS SPACE FOR	FEDERAL OR S	STATE OFFIC	E USE	
Approved by			Γitle	Da	ate
Conditions of approval, if any, are certify that the applicant holds legion which would entitle the applicant to	al or equitable title to those rights i	41	Office		
	le 43 U.S.C. Section 1212, make it a	a crime for any person k as to any matter within i	nowingly and willful ts jurisdiction.	ly to make to any	department or agency of the United

(Instructions on page 2)

- no attachments -

NMOCD