

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: September 30, 1990

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill, deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well: Oil well Gas well **X** Other  
2. Name of Operator: **Devon Energy Production Co., L.P.**  
3. Address of Operator: **3300 N. Butler Avenue, Suite 211, Farmington, NM 87401**  
4. Location of Well: (Footage, Sec., T., R., M., or Survey Description)

**215' FSL, 740' FEL - Section 4, T30N, R7W**

5. Lease Designation and Serial No.  
**SF - 079043**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agmt. Design.:  
**Northeast Blanco Unit**

8. Well Name and No.:  
**N.E.B.U. #421**

9. API Well No.:  
**30-039-24345**

10. Field & Pool/Exploratory Area:  
**Basin Fruitland Coal**

11. County or Parish, State:  
**Rio Arriba, New Mexico**

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"/> Abandonment <input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> <b>Subsequent Report</b>	<input type="checkbox"/> Recompletion <input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back <input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair <input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing <input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other: <b>Mechanical Integrity Test</b> (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

See attached.

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

Signed: [Signature]

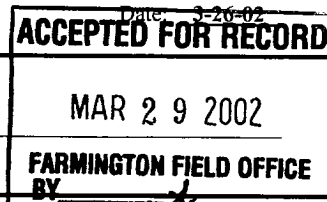
Title: **Production Foreman**

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_

Date \_\_\_\_\_



Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency or the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



NEW MEXICO ENERGY, MINERALS  
& NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION  
ASPECT DISTRICT OFFICE  
1000 RIO GRAZAS ROAD  
ALBUQUERQUE NM 87410  
(505) 234-6179 FAX: (505) 234-6179  
<http://www.nmrd.state.nm.us/oil/district/ASPECT.htm>

MECHANICAL INTEGRITY TEST REPORT  
(TA or UIC)

Date of Test 2/19/02 Operator Dixon Energy API # 30-039-24345  
Property Name North East Blanca Unit Well # 421 Location: Unit P Sec 4 Twn 30N Rge 7W  
Land Type: State X Well Type: Water Injection \_\_\_\_\_  
Federal X Salt Water Disposal \_\_\_\_\_  
Private \_\_\_\_\_ Gas Injection \_\_\_\_\_  
Indian \_\_\_\_\_ Producing Oil/Gas \_\_\_\_\_  
Pressure observation X

Temporarily Abandoned Well (Y/N): Yes TA Expires: \_\_\_\_\_

Casing Pres. 602 Tbg. SI Pres. \_\_\_\_\_ Max. Inj. Pres. \_\_\_\_\_  
Bradenhead Pres. 0 Tbg. Inj. Pres. \_\_\_\_\_  
Tubing Pres. 252  
Int. Casing Pres. 0

Pressured annulus up to 590 psi. for 30 mins. Test passed/failed

REMARKS:

5 Brs packer fluid

By [Signature]  
(Operator Representative)  
Field Admin. Services  
(Position)

Witness \_\_\_\_\_  
(NMOCD)

