

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
BLM

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to 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 ☐ Other

2. Name of Operator

Devon Energy Corp.

3. Address and Telephone No.

250 Broadway, Suite 1500, Oklahoma City, OK 73102-8260

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 10, T30N, R7W 1465' FNL/1350' FEL

5. Lease Designation and Serial No.

SE-079001A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Northeast Blanco Unit

8. Well Name and No.

NERU # 411

9. API Well No.

30-039-24365

10. Field and Pool, or Exploratory Area

Basin Fruitland Coal

11. County or Parish, State

Rio Arriba, 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

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other wellhead compressor installation  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(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.)\*

Proposed installation of one Waukesha F-186L gas compressor. Unit is complete with all standard accessories necessary for continuous operation. The compressor will be painted Federal Green (Federal 595a-3127). This unit will be equipped with a hospital/critical grade muffler.

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

Signed

Diana Boyer

Title

Sr. Engr. Technician

Date

3/23/99

(This space for Federal or State office use)

Approved by

/s/ Duane W. Spencer

Title

Team Lead, Petroleum Management

Date

APR - 8 1999

Conditions of approval, if any: