

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)

1785' FSL, 1770' FWL - Section 5, T30N, R7W

5. Lease Designation and Serial No.
SF - 079042
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. #3R
9. API Well No.:
30-045-26457
10. Field & Pool/Exploratory Area:
Mesa Verde
11. County or Parish, State:
San Juan, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment <input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<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: (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.)*

In regards to your request regarding non-producing wells on Federal leases, Devon Energy is requesting a 30-day extension to evaluate this well and transporter problems.

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

Signed: *James K. Abbey* JAMES K. ABBEY

Title: **SR. OPERATIONS ENGINEER**

Date: **7-14-00**

(This space for Federal or State office use)

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

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

NMOCD