Form 3160-5
*(December 1989)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED

Budget Bureau No. 1004-

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

5. Lease Designation and Serial No.

SF-079042 6. If Indian, Allottee or Tribe Name

Do not use this form for proposals to drill, deepen of reentry to a different reserve Use 'APPLICATION FOR PERMIT' for such proposals

SUNDRY NOTICES AND REPORTS ON W

	CUDATE IN TOID IC	- CALLERY CALL	7. If Onit of CA, Agmt. Design.:		
	SUBMIT IN TRIPLIC		Northeast Blanco Unit		
. Type of Well:	oil well gas well ?	X other	8. Well Name and No.:		
. Name of Operator:	Devon Energy Corporat	ion	N.E.B.U. #402		
. Address of Operator:	3300 N. Butler Avenue,	9. API Well No.:			
. Location of Well: (Foo	30-045-26883				
			10. Field & Pool/Exploratory Area:		
	Basin Fruitland Coal				
79	11. County or Parish, State:				
			San Juan, New Mexico		
2. C	HECK APPROPRIATE BOX(s) TO	INDICATE NATURE OF NOTICE, REPO	ORT, OR OTHER DATA		
TYPE OF SUBMISSION			TYPE OF ACTION		
N	otice of Intent	Abandonment	Change of Plans		
		Recompletion	New Construction		
XS	ubsequent Report	Plugging Back	Non-Routine Fracturing		
		Casing Repair	Water Shut-Off		
Fi	nal Abandonment Notice	Altering Casing	Conversion to Injection		
		X Other: CBM	X Other: CBM Re-Cavitation		
		(Note: Report results of multiple completion on Well			
	1	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.)*

Re-cavitation operations commenced on 10-30-01 and ended 11-16-01. Pressure tested 7" casing before operations began. The 5-1/2" uncemented pre-perforated liner was installed. Top of liner hanger at 2859' KB. Bottom of liner bit shoe at 3093' KB. 2-3/8" tubing set at 3206' KB.

14. I herel	by certify that the foregoing is true ar	id correct.		
Signed:	John Freier	_ JOHN FREIER	Title: Company Representative	Date: 2-13-02
	(This space for Federal or State off	ice use)		AGG. T.C.D. TOTAL TIES OF THE STATE OF THE S
	Approved byConditions of approval, if any:	Title	Date	FFR 2 2 2002
		•		FARMINGTON FIELD OFFICE