Form 3160-5
*(December 1989)

UNITED STATES DEPARTMENT OF THE INTERIOR BU EAU OF LAND MANAGEMENT

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: September 30, 1990

5. Lease Designation and Serial No.

SF-079042

Do not use this form for proposals to drill, deepen or reentry to a different reservoing Use "APPLICATION FOR PERMIT" for such proposals 2002

SUNDRY NOTICES AND REPORTS ON WELL

6. If Indian, Allottee or Tribe Name

FFR 2 2 2002

FARMINGTON FIELD OFFICE

			7. If Unit or CA, Agmt. Design.:	
	SUBMIT IN TRIPLI	CATE	Northeast Blanco Unit	
1. Type of Well:	oil well gas well	X other	8. Well Name and No.:	
2. Name of Operator:	Devon Energy Corpora	ation	N.E.B.U. #451	
3. Address of Operator: 3300 N. Butler Avenue, Suite 211, Farmington, NM 87401			9. API Well No.:	
4. Location of Well: (Footage, Sec., T., R., M., or Survey Description)			30-045-27327	
			10. Field & Pool/Exploratory Area:	
210' FNL, 1900' FEL - Section 6, T30N, R7W			Basin Fruitland Coal	
			11. County or Parish, State:	
			San Juan, New Mexico	
12.	CHECK APPROPRIATE BOX(s) TO	O INDICATE NATURE OF NOTICE, REPORT,	OR OTHER DATA	
TYPE OF SUBMISSION		TYPE OF .	ACTION	
	Notice of Intent	Abandonment	Change of Plans	
		Recompletion	New Construction	
X	Subsequent Report	Plugging Back	Non-Routine Fracturing	
		Casing Repair	Water Shut-Off	
	Final Abandonment Notice	Altering Casing	Conversion to Injection	
		X Other: CBM Re	-Cavitation	
		(Note: Report result	(Note: Report results of multiple completion on Well	
		Completion or Reco	mpletion Report and Log form.)	
starting any propo pertinent to this we Re-cavitatation	sed work. If well is directionally drilled ork.)* operations commenced on 16	NS (Clearly state all pertinent details, and give point, give subsurface locations and measured and true) 0-23-01 and ended on 11-14-01. Propertion of the perforated liner was installed.	ressure tested 7" casing before	
	bit shoe at 3094' KB. 2-3/8"			

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.

JOHN FREIER

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

Conditions of approval, if any:

Approved by_

(This space for Federal or State office use)

Signed:

Title: Company Representative

Date