ν. 						
Form 3160-5 (February 2005)	UNITED STAT	ES INTERIOR	DEC 06 2012		RM APPROVED 1B No. 1004-0137 res: March 31, 2007	
	BUREAU OF LAND MAN			5. Lease Serial No. NMNM	100864	
Do not use	RY NOTICES AND REP this form for proposals vell. Use Form 3160-3 (/	to drill or to re-ei	nter apecEIVER	6. If Indian, Allottee or	Tribe Name	
	UBMIT IN TRIPLICATE – Othe	r instructions on page	2.	7. If Unit of CA/Agreer	nent, Name and/or No.	
1. Type of Well Gas Well Other				8. Well Name and No. Rio Bla	nco 33 Fed 2	
2. Name of Operator Devon Energy Production Co., LP				9. API Well No. 30-025-36360		
3a. Address 20 North Broadway OKC, OK 73102	orth Broadway			10. Field and Pool or Exploratory Area Bell Lake; Devonian, NE (Gas) 97328		
4. Location of Well (Footage, S SENW 1980' FNL & 1980' FWL Sec 33-T22S-R34E	Location of Well (Footage, Sec., T., R., M., or Survey Description) NW 1980' FNL & 1980' FWL : 33-T22S-R34E				11. Country or Parish, State Lea County, NM	
12.	CHECK THE APPROPRIATE B	OX(ES) TO INDICATE	NATURE OF NOTI	CE, REPORT OR OTHE	R DATA	
TYPE OF SUBMISSION	J	TYPE OF ACTION				
Notice of Intent	Acidize	Deepen Fracture Trea	三	luction (Start/Resume) lamation	Water Shut-Off Well Integrity	
Subsequent Report	Casing Repair	New Constru	Indon 🔲 Tem	omplete nporarily Abandon	Other	
Final Abandonment Notice	e Convert to Injection	Plug Back	Wat	er Disposał		
 Mexico. Proposed SWD con pressure per C-108. Stimulate Devonian forma Run MIT test and chart. F Initiate and evaluate inject Replace as warranted cur Run MIT test and chart. F 	ile MIT w/OCD. tion in Devonian formation using rent 2 7/8" production tubulars file MIT with OCD office.	ian formation (open ho formation interval from g existing 2 7/8", L-80 j with mixed string of 3-1	le from 14,570 [°] - 14 n 14,570 -14653', n production tubulars I/2" x 2-7/8" IPC inj	1,660'). Iot to exceed maximum and Arrowset packer (ection tubing and 5" ni	a authorized surface injection @ 14,500'. ckel coated packer @ +/- 11,400'.	
production Also, prov	rvice. to explain h on within one ride details of	n possi	ble sti	mulation	9,	
14. I hereby certify that the foreg Name (<i>Printed/Typed</i>) Stephanie A. Porter	oing is true and correct.	,	Operations Techn			
Signature	11-2/2	Date	09/10/2012			
<u>*//</u>		FOR FEDERAL	OR STATE OF	FICE USE		
Approved by			Reject	éd 🛛	12/3/2	
	attached. Approval of this notice de uitable title to those ghts in the sub erations thereon.	es not warrant or certify	Office Miller &	Petr, Enar,		
	Title 43 U.S.C. Section 1212, make i or representations as to any matter v		nowingly and willfully	to make to any department	tt or agency of the United States any fals	

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(Instructions on page 2)