

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

OCD-HOBBS

FORM APPROVED
OMB NO 1004-0135
EXPIRES NOVEMBER 30, 2000

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE

1a. Type of Well ☒ Oil Well ☐ Gas Well ☐ Other _____

2. Name of Operator
Devon Energy Production Company, L.P.

3. Address and Telephone No.
20 North Broadway, Oklahoma City, OK 73102 405-552-8198

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
1980 FSL & 1980 FWL Sec 30, T23S, R32E, Unit K

5. Lease Serial No	NMNM14157
6. If Indian, Allottee or Tribe Name	
7. Unit or CA Agreement Name and No	
8. Well Name and No	TRESNOR FEDERAL 1
9. API Well No	30-025-27478
10. Field and Pool, or Exploratory	TRISTE DRAW, WEST
12. County or Parish	LEA
13. State	NM

CHECK APPROPRIATE BOX(es) 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"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

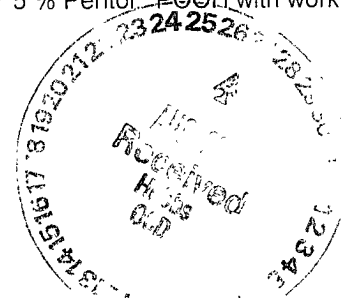
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work and approximate duration thereof. If the proposal deepens directionally or recompletes horizontally, give subsurface location and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirement, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Devon Energy Production Company, LP respectfully requests approval to recomplete to the Bone Springs using a workover rig as follows.

Sand Dunes
South

1. MI and clean out to PBTD of 8520'. POH with rods and pump. NU BOPE and test. POH with production tubing
2. RIH with bit and drill out CIBP at 8550'. Clean out to below Bone Springs.
3. RU and set 5 1/2", 17#, J-55, LT&C liner with ECP from surface to 8500'.
4. Cement casing in one stage with lead of 550 sacks (35:65) Poz Class C cement + 3% NaCl + 0.25% R-3 + 0 125 lbs/sx Cello Flake + 2 lbs/sx Kol Seal + 4% MPA-1; tail with 125 sx (60:40) Poz Class C cement + 1% NaCl + 0.5% BA-10 + 0.1% R-3 + 0 125 lbs/sx Cello Flake + 2 lbs/sx Kol Seal + 4% MPA-1. TOC at 4000'
5. PU bit and collars and drill out casing plug. POOH.
6. RIH with treating packer and set at +/- 8450'. Acidize Bone Spring perms with 4000 gallons 7 5 % Pentol. POOH with work
7. RIH with tubing, pump and rods. Hang well on production.

Permit Expires 1 Year From Approval
Date Unless Drilling Underway
OCD needs C-102
upon recompletion.



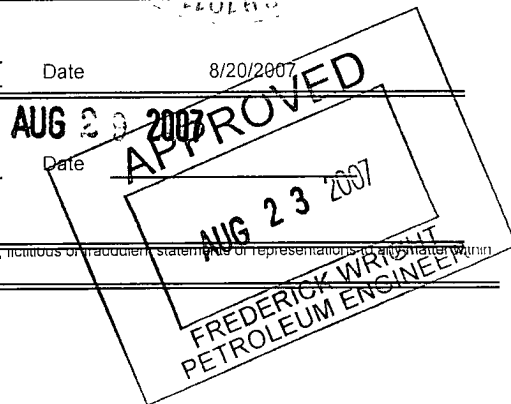
14. I hereby certify that the foregoing is true and correct.

Signed Norvella Adams Name Norvella Adams
Title Sr. Staff Engineering Technician

Date 8/20/2007

(This space for Federal or State Office use)

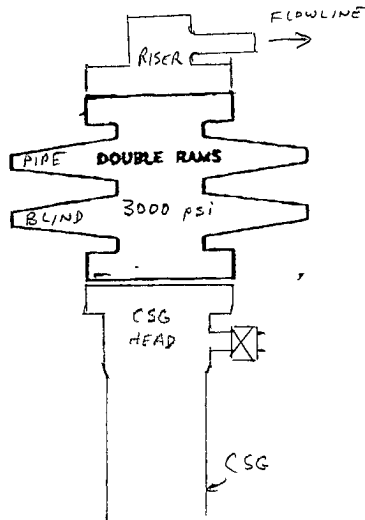
Approved by [Signature] Title _____
Conditions of approval, if any: _____



Note: To U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statement or representation, and any matter within its jurisdiction.

*See Instruction on Reverse Side

EXHIBIT # 1



denon

DATE CHANGED, NEW DESIGN

BLOWOUT PREVENTOR

PROJECTS COMPLETED

WELL NAME	

4/03