Form 3160-5 (August 1999)

s jurisdiction.

## N.M. Oil Cons. DIV-Dist. 2

UNITED STATES DEPARTMENT OF THE INTERIOR 301 W. Grand Avenue

BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELARTOSIA. NM 882105. Lease Serial No.

FORM APROVED

Do not use this form for proposals to drill or to re-enter an				NMNM0405444		
<del></del>	e Form 3160-3 (APD) for such pro	oposals		6. If Indian, Allottee	or Tribe Name	
SUBMIT IN TRIPLICATE RECEIVED				7. Unit or CA Agreement Name and No.		
1a. Type of Well Oil Well Ga	s Well Other	——————————————————————————————————————	EIVEU	<b>3</b>		
OCT 1.4.2004				8 Well Name and No.		
2. Name of Operator			ECIA	Todd 9. API Well No.	15J Federal #10	
DEVON ENERGY PRODUCT	TON COMPANY, LP		er e			
3. Address and Telephone No.				30-015-33106  10. Field and Pool, or Exploratory		
				Ingle Wells; Delaware		
4. Location of Well (Report location clearly and in accordance with Federal requirements)*  1980 FSL & 1980 FEL, Sec 15-23S-31E			12. County or Parish 13. State			
	,			Eddy	NI	A
CHECK A	APPROPRIATE BOX(s) TO INDIC	CATE NATURE OF NOTI	CE, REPORT			
TYPE OS SUBMISSION			OF ACTION			
✓ Notice of Intent	Acidize	Deepen	Production	n (Start/Resume)	Water Shut-C	T I
	Alter Casing	Fracture Treat	Reclamation		Well Integrity	'
Subsequent Report	☐ Casing Repair ☐ Change Plans ☐	New Construction Plug and Abandon	Recomplet	te ily Abandon	☐ Other	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Dis	·		
13. Describe Proposed or Completed Operations (Cladeopen directionally or recomplete horizontally, give subthe Bond No. on file with BLM/BIA. Required subseque interval, a Form 3160-4 shall be filed once testing has bidetermined that the site is ready for final inspection)	bsurface location and measured and true ve ent reports shall be filed within 30 days follow	ertical depths of all pertinent mark ving completion of the involved op	ers and zones. At perations, If the op	tach the Bond under which eration results in a multiple	the work will be perform completion or recomple	ed or provide tion in a new
with Onshore Order No. 2.	APPROV  OCT 1 2 2	004				200 COT 8 - 100 M22
4. Thereby certify that the foregoing is true	ue and correct  Name	Linda Guthrie		<u></u>	i	-
Signed Links MU	Wile _	Regulatory Specia		Date 10 6	104	
This space for Federal or State Office use	·)			···		
Approved by	Title			Date		
Conditions of approval, if any:	11110					1