

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

**OCD-ARTESIA**

FORM APPROVED  
OMB NO. 1004-0135  
EXPIRES: March 31, 2007

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, LP**

3. Address and Telephone No.  
20 N. Broadway, Oklahoma City, Ok 73102-8260 405-235-3611

4 Location of Well (Report location clearly and in accordance with Federal requirements)\*  
200 FSL 1050 FEL P SEC 25 T23S R31E  
BHL: 330' FSN & 1650' FEL B

5. Lease Serial No.	<b>NMNM-0544986</b>
6. If Indian, Allottee or Tribe Name	
7. Unit or CA Agreement Name and No.	
8 Well Name and No.	<b>Aldabra 25 Federal 6H</b>
9. API Well No.	<b>30-015-38602</b>
10. Field and Pool, or Exploratory	<b>Upper Bone Spring</b>
11. County or Parish State	<b>Eddy NM</b>

**12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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 type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Drilling
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<b>Operations</b>
	<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)

4/1/11 - MIRU H&P & Spud well.

4/3/11 - TD 17 1/2" hole @ 997'. RIH w/ 23 jts 13 3/8" 48# H40 STC csg & set @ 997'. RU BJ lead w/ 685 sx C Yld 1.75. Tail w/ 25j0 sx C Yld 1.35. Full returns. 95 bbls to surf. WOC.

4/4/11 - NU BOPs. Test all surf equip 3000 psi hi; 250 low psi, annular 1500 psi hi 250 psi low.

4/7/11 - TD 12 1/4" hole @ 4538'. RIH w/ 98 jts 9 5/8" 40# J-55 LTC & set @ 4538'. Notify BLM: Terry. WOC. RU BJ lead w/ 1100 C sx Yld 2.04. Tail w/ 300 sx C, Yld 1.38. Full returns. Circ 155 bbls to surf. NU 13 5/8" 3K X 11" 5K "B" SEC, Test to 1285 psi, good.

4/15/11 - Slide drill F/ 9697' to 9823'. CHC. RIH & log.

4/23/11 - TD 8 3/4" hole @ 14,052'.

4/27/11 - RIH w/ 5 1/2" csg w/ 23 OH isolation pkrs F/6026' T/ 13,805'. DV Tool @ 6017'. Drop setting ball, set pkrs w/ 2800 psi, Open DV. RU cements test to 5410 pump 10 bbls H2O spacer, lead w/ 275 sx of 11.4#, lead 2.88 Yld, Pump 100 sx of 13.8# 1.37 yld of tail. Pump plug w/ 591 psi. Full returns during job.

4/28/11 - Prepare to skid rig.

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

Signed Judy A. Barnett Name Judy A. Barnett X8699  
Title Regulatory Specialist Date 5/19/2011

(This space for Federal or State Office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any:

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\*See Instruction on Reverse Side

Accepted for record  
NMOCD 6-20-11

