

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

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

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

SUBMIT IN TRIPLICATE

RECEIVED

AUG 05 2005

OCD-ARTESIA

1a. Type of Well ☒ Oil Well ☐ Gas Well ☐ Other _____
2. Name of Operator
DEVON LOUISIANA CORPORATION
3. Address and Telephone No.
20 North Broadway, Ste 1500, Oklahoma City, OK 73102 405-552-4615
4. Location of Well (Report location clearly and in accordance with Federal requirements)*
1980 FSL 1980 FEL J 22 T18S R31E

5. Lease Serial No.
NMNM014103
6. If Indian, Allottee or Tribe Name
7. Unit or CA Agreement Name and No.
8. Well Name and No.
SHUGART 22 FED 2
9. API Well No.
30-015-29907
10. Field and Pool, or Exploratory
SHUGART, QUEEN
12. County or Parish 13. State
EDDY NM

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 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)

Subsequent Operations of recompletion to Grayburg/Queen

6/15/04: MIRU. RIH and perforated Grayburg at 3972' - 3975', 6 SPF, 18 Holes. Acidized 3972' - 3975' w/1000 Gals of 15% NeFe. Swabbed load water, then swabbed dry. No show of oil/gas. Set CIBP at 3870'. Dump bailed 31' cement on top. New PBD at 3839'. RIH and perforated Queen at 3350' - 3384', 6 SPF, 204 holes. Acidized 3350'-3384' w/2500 Gals 15% HCl. Swabbed back load. Frac perms 3350' - 3384' with 75,000# 16/30 and 29,039 Gals gel water. Wash out sand & circulate hole clean. Ran 2-7/8" production string, rod string, and pump. Hung well on production on report date 7/20/04. Well producing from Queen at 3350' - 3384'. Tested 13 BOPD, 1 MCFD, 12 BWPD, 24 HRS, on 7/21/04.

Note: This well is currently depleted in the Queen and there is no future utility for this wellbore. A sundry for plug and abandonment for this well has been filed with the BLM since the recompletion to the Queen. The P&A sundry was approved on 5/12/05 and this well is on the field schedule for plug and abandonment.

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

Signed Ronnie Slack Name Ronnie Slack
Title Engineering Technician Date 8/3/2005

(This space for Federal or State Office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: _____