

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

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)*
920 FNL 790 FEL A 29 T19S R31E
BHL: 400 FNL & 340 FEL A Sec 28

5. Lease Serial No.
NMLC-063622

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

8. Well Name and No.
Bellatrix 28 Fed 1H

9. API Well No.
30-015-40331

10. Field and Pool, or Exploratory
Hackberry; Bone Spring

11. County or Parish State
Eddy NM

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete
	<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
			<input type="checkbox"/> Water Shut-Off
			<input type="checkbox"/> Well Integrity
			<input checked="" type="checkbox"/> Other <u>Drilling Operations</u>

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

7/10/12 - MIRU & spud well @ 0200 hrs.
7/11/12 - TD 26" hole @ 533'.
7/12/12 - RIH w/ 13 jts 20" 94# J-55 BTC csg & set @ 533'. RU cmtrs lead w/ 685 sx C, Yld 1.73 cf/sx. Tail w/ 300 sx C, Yld 1.35 cf/sx. Displ w/ 177 bbls FW. Circ 260 sx to surf. WOC.
7/13/12 - NU BOP. Test annular & assoc vavles, 1000 psi H & 250 psi L.
7/16/12 - TD hole 17 1/2" @ 2438'. RIH w/ 53 jts 13 3/8" 68# J-55 BTC csg & set @ 2438'.
7/17/12 - RU cmtrs. Lead w/ 1705 sx C, Yld 1.74 cf/sx. Tail w/ 450 sx C, Yld 1.38 cf/sx. Displ w/ 358 bbls FW. Circ 649 sx.
7/18/12 - NU BOP. Test choke manifold, floor valves 3000 psi H & 250 psi L. Test annular to 1500 psi H & 250 psi L, good Test csg 1500 psi, ok.
7/20/12 - TD 12 1/4" hole @ 4280'.
7/22/12 - 7/23/12 - RIH w/ 93 jts 9 5/8" 40# J-55 csg & set @ 4280'. RU cmtrs lead w/ 707 sx C, Yld 1.73 cf/sx. Tail w/ 374 sx C, Yld 1.38 cf/sx. Displ w/ 322 bbls FW. 2nd stage lead w/ 500 sx C, Yld 1.73 cf/sx. Tail w/ 200 sx C, Yld 1.38 cf/sx. Displ w/ 150 bbls FW. Circ 227 sx to surf. WOC.
7/24/12 - Perform FIT test 134 psi (9.0 ppg EMW).
8/4/12 - TD 8 3/4" hole @ 14,582'.
8/6/12 - RIH w/ 154 jts 5 1/2" 17# HCP-110 BTC csg & 180 jts LTC & sset @ 14,582'.
8/7/12 - RU cmtrs stage 1: lead w/ 540 sx H, Yld 2.01 cf/sx. Tail w/ 300 sx C, Yld 2.87 cf/sx. Tail 150 sx C, Yld 1.37 cf/sx. Displ w/ 337 bbls FW. Circ 332 sx to surf.

Added 12/13/12
Accepted for record
MMGE

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

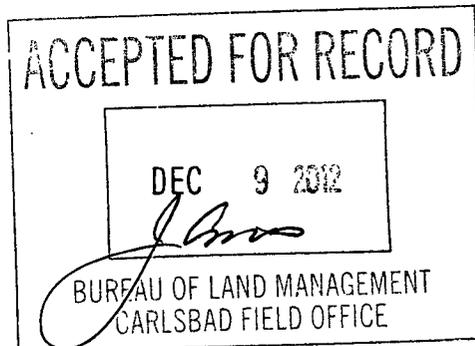
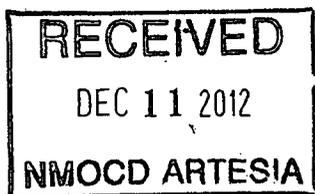
Signed Judy A. Barnett Name Judy A. Barnett X8699
Title Regulatory Specialist Date 11/15/2012

(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



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