

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

1a. Type of Well	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> Other _____
2. Name of Operator	DEVON ENERGY PRODUCTION COMPANY, LP		
3. Address and Telephone No.	20 North Broadway, Ste 1500, Oklahoma City, OK 73102 405-552-8198		
4. Location of Well (Report location clearly and in accordance with Federal requirements)*	425 Unit A, NENE 425 FNL 230FEL Sec 34 T17S R27E		

5. Lease Serial No.	NMNM0557370
6. If Indian, Allottee or Tribe Name	
7. Unit or CA Agreement Name and No.	
8. Well Name and No.	EAGLE 34 A FEDERAL 49
9. API Well No.	30-015-33624
10. Field and Pool, or Exploratory	RED LAKE; QUEEN-GRAYBURG SA
12. County or Parish	EDDY
13. State	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)

3/15/06 MIRU. POOH with pump and rods. ND WH and NU BOP. POOH with tubing. RIH with packer and RBP. Set RBP at 2910'. Pick up 1 joint and set packer. Pressure tested RBP to 4000 psi - held good. Released packer and POOH.  
3/16/06 Perforate San Andres formation from 2085-2385'; 34 holes. RIH with packer and set at 1982'.  
3/18/06 Acidize formation with 3000 gallons 15% HCl. TOOH with tubing and packer.  
3/20/06 Frac with 222,000 gallons Aqua Frac 1000 + 210,000 # 100% brown 20/40 sand + 24,500 # 100% Siberprop 16/30.  
3/21/06 RIH with tubing, pump and rods. Hung well on production.

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

Signed  Name Norvella Adams  
Title Sr. Staff Engineering Technician Date 6/15/2006

(This space for Federal or State Office use)

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

Title 18 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 statements or representations to any matter within its jurisdiction.

\*See Instruction on Reverse Side