

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

BLM-CARLSBAD

BLM APPROVED
Budget Control No. 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other proposed gas well

2. Name of Operator
DEVON SFS OPERATING, INC.

3. Address and Telephone No. **Walter M. Frank, Sr. Operations Engr, (405) 552-4595**
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OK (405) 235-3611

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660' FNL & 990' FWL, Unit D, Section 23-T21S-R23E, Eddy Cnty, NM

5. Lease Designation and Serial No.
NM-NM0384628
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and No.
Bad Axe "23" Federal Com. #2
9. API Well No.
30-015-3 2601
10. Field and Pool, or Exploratory Area
11. County or Parish, State
Eddy Cnty, New Mexico

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"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>change of operator name</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Effective October 1, 2000, concerning the Bad Axe "23" Federal Com. # 2, please be advised of the change of operator name from Santa Fe-Synder Corp. to Devon-SFS Operating, Inc.

Attached please find STATEMENT ACCEPTING RESPONSIBILITY FOR OPERATIONS.

APPROVED

2601

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

Signed Candace R. Graham

Candace R. Graham

Title Engineering Tech

Date March 21, 2001

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to 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**

STATEMENT ACCEPTING RESPONSIBILITY FOR OPERATIONS

submitted as attachment to the Bureau of Land Management
form 3160-5 Sundry Notice of OPERATOR NAME CHANGE

Operator Name: **Devon-SFS Operating, Inc.**
Street or Box: **20 North Broadway, Suite 1500**
City, State: **Oklahoma City, Oklahoma**
Zip Code: **73102-8260**

The undersigned accepts all applicable terms, conditions, stipulations and restrictions concerning operations conducted on the leased land or portion thereof, as described below.

Well Name and No.: **Bad Axe "23" Federal #2**
660' FNL & 990' FWL
Section D-23-T21S-R23E
Eddy County, New Mexico

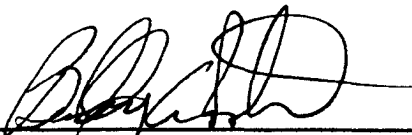
Lease No.: **NM-0384628**
Legal Description of Land: **Section 15: SE**
Section 23: NW
Section 24: N/2
total 640 acres

Formation(s): **No limitations**

Bond Coverage: **\$200,000**

BLM Bond File No.: **UT-1195**

Authorized Signature: _____


Bradley A. Foster
Devon-SFS Operating, Inc.
Title: **Operations Manager**

Date: **March 21, 2001**