

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

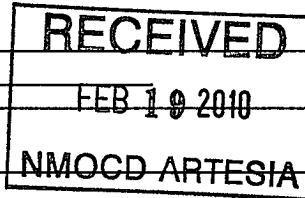
OCD Artesia

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	<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 N. Broadway, Oklahoma City, Ok 73102-8260 405-235-3611		
4. Location of Well (Report location clearly and in accordance with Federal requirements)*	690' FNL 402' FWL D SEC 23 T23S R31E		



5. Lease Serial No.	NM-0405444-A
6. If Indian, Allottee or Tribe Name	
7. Unit or CA Agreement Name and No.	
8. Well Name and No.	Todd 23D Federal 19
9. API Well No.	30-015-36861
10. Field and Pool, or Exploratory	Ingle Wells; Delaware
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 checked="" 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 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 type="checkbox"/> Other
	<input checked="" 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.)

**Devon Energy Production Company L. P. respectfully requests permission to change the casing from LTC to STC and cementing procedures on the 5 1/2" production casing as follows:**

**Casing Program**

Hole Size	Hole Interval	OD Csg	Casing Interval	Weight	Collar	Grade
11"	2,000 - 4,410	8-5/8"	2,000 - 4,410	32#	STC	J-55

**Design Parameter Factors:**

Casing Size	Collapse Design Factor	Burst Design Factor	Tension Design Factor
8-5/8" 32# J-55 STC	1.10	1.71	4.82

**5 1/2" production csg: 1st Stage**

Tail: 600 sx (60:40) Poz (Fly Ash): Class C Cement + 1% bwoc Sodium Chloride + 0.1% bwoc R-3 + 0.125 lbs/sx CF + 2#/sx Kol Seal + 0.5% bwoc BA-10A + 4% bwoc MPA-5 + 61.4% FW, 13.8 ppg Yield: 1.34 cf/sx DV TOOL at ~6,000 2nd Stage

Lead: 350 sacks (35:65) Poz (Fly Ash): Class C Cement + 5% bwoc Sodium Chloride + 0.125 /sack Cello Flake + 6% bwoc Bentonite + 0.4% bwoc FL-52A + 107.7% Fresh Water, 12.5 PPG Yield: 1.94 cf/sk TOC @ 3,910 Tail: 150 sacks (60:40) Poz (Fly Ash): Class C Cement + 5% bwoc Sodium Chloride + 0.125 lbs/sack Cello Flake + 0.4% bwoc Sodium Metasilicate + 4% bwoc MPA-5 + 64.7% Fresh Water, 13.8 PPG Yield: 1.35 cf/sk

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

Signed Judy A. Barnett Name Judy A. Barnett X8699  
Title Regulatory Analyst Date 2/10/2010

(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

