

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)*	1950 FSL 2000 FWL SEC 25 T22S R30E		

5. Lease Serial No.	NMNM 89052
6. If Indian, Allottee or Tribe Name	
7. Unit or CA Agreement Name and No.	
8 Well Name and No.	Apache 25 Federal 12
9. API Well No.	30-015-33112
10. Field and Pool, or Exploratory	Quahada Ridge Southeast; 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 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 type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Add Pay
	<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)

**Devon Energy Production Company L. P. Add Pay as follows:**

7/26/10 - MIRU PU. POOH w/rods. ND WH. NU BOP & test 2500#'s.

7/28/10 - MIRU WL. Tag fill @ 7752'. Perf 7423-42' @ 2 spf: 38 shots. Perf 7238-7304: Total 42 shots. RIH w/ pkr & RBP. Set RBP @ 7493'. PT.

7/29/10 - RU BJ & acidize w/ 2000 g 7 1/2% Pentol acid w/ 75 BS. RD BJ. RU & RIH w/ swab.

8/2/10 - RU BJ & frac 7423-42' w/ 21,512 g Spectra Frac 2500 XLink gel, 17,670# 20/40 white sd. Tail w/ 11,698# 16/30 Siber Prop. RD BJ. Rlse pkr. POOH w/ tbg & BHA.

8/3/10 - RIH w/ RBPpkr & tbg. Set & test RBP @ 7366'. Test pkr @ 7137'.

8/4/10 - RU BJ & acidize 7238-7304' w/ 2000g 7 1/2% Pentol Acid w/ 100 BS. RD BJ. RU & RIH w/ swab.

8/9/10 - RU BJ frac w/ 54,180g Spectra Frac 2500 XLink gel, 64,495# 20/40 white sd. Tail w/ 25,000# 16/30 Siber Prop.

8/10/10 - Rlse RBP @ 7366'. POOH w/ tbg & BHA.

8/11/10 - 8/12/10 - Tag fill @ 7550'. RIH w/ tbg land SN @ 7688'. ND BOP. NU WH. RIH w/ pump & rods. LT. HWO.

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

Signed Judy A. Barnett Name Judy A. Barnett X8699  
Title Regulatory Analyst Date 9/7/2010

(This space for Federal or State Office use)

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

This is to certify that the foregoing is true and correct for any person knowingly and willfully making any statement or representation to any matter within its jurisdiction.

\*See Instruction on Reverse Side

