

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

AUG 20 2008

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

5. Lease Serial No.
SF 079003

RCVD SEP 5 '08

6. If Indian, Allottee or Tribe Name
Bureau of Land Management
Farmington Field Office

OIL CONS. DIV.

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 – Other instructions on page 2.

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Devon Energy Production Company, L.P.

3a. Address
20 N Boradway
Oklahoma City, OK 73102

3b. Phone No. (include area code)
405-552-7917

7. If Unit of CA/Agreement, Name and/or No.
Northeast Blanco Unit

DIST. 3

8. Well Name and No.
68N

9. API Well No.
30-045-34677

10. Field and Pool or Exploratory Area
Blanco Mesaverde / S L P F/S Picture Cliffs

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SL: 2,375' FNL & 1,260' FWL, Unit E, SW NW, Sec. 35, 31N, 7W
BHL: 1,840' FSL & 1,840' FEL, Unit J, NW SE, Sec. 35, 31N, 7W

11. Country or Parish, State
Rio Arriba, NM

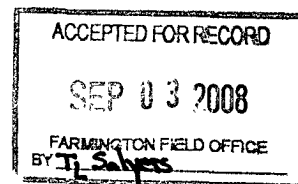
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

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 Casing & Cement
	<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 Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomple horizontally, give subsurface locations 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomple in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

Drilled 6 1/4" hole to 6,840' on 8/3/08, set 160 jts 4 1/2", J-55, LT&C, 11.6# casing at 6,833' with an ACP at 6,395' and a HYD DV tool at 6,393'. Cemented 1st stage w/47 sx (12 bbls) 50/50 POZ "G" w/3% Gel, 0.4% Halad-9, 0.1% CFR3, 5#/sc Gilsonite, 1/8#/sx Poly-E-Flake. Inflate ACT and open DV tool, circulate with no returns to surface, no blow or vacuum. RIH with cement retainer to 6,370' and set. Pump 15 bbls Class "G" w/0.1% versaset cement behind DV tool, test to 500 psi test ok. RIH with 3 1/8" squeeze gun and shoot holes at 6,350', set 4 1/2" retrievomatic packer at 6,010' and pump 25 sx (6 bbls Class "G" neat w/1% Versaset then pump 77 sx (20 bbls) 50/50 POZ w/3% Gel, 0.6% Halad-9, 5#/sx Gilsonite. Run cbl, est TOC at 6,300'. Shoot squeeze holes @ 6,200'. RIH w/4 1/2" retrievomatic packet and set at 5,853' pump 330 sx (94 bbls) 50/50 POZ w/3% Gel, 0.6% Halad-9, 5#/sx Gilsonite. Test casing to 700 psi, test ok. TOC now at 4,400'. The drilling rig was released on 8/4/08. ✓

No prior approval on record for squeeze operation



Submit remediation plan

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Melisa Castro

Title Senior Staff Operations Technician

Signature

Date

August 18, 2008

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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 as to any matter within its jurisdiction.

(Instructions on page 2)

NMOCD