

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 ☒ Oil Well ☐ Gas Well ☐ 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)\*  
440 FNL 330 FEL A SEC 17 T23S R31E  
~~370 FNL & 375 FEL~~ A SEC 8 T 23S R31E PP: 465 FNL & 312 FEL SEC 17

5. Lease Serial No.  
**NMNM452235 SH; NMNM 77046 BHL**

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

8. Well Name and No.  
**North Pure Gold 8 Federal 15H**

9. API Well No.  
**30-015-38282**

10. Field and Pool, or Exploratory  
**Los Medanos; Bone Spring**

11. County or Parish State  
Eddy NM

**360 FNL 4/8 FEL 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 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 <b>Completion Report</b> |
|   | <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.)

2/10/11 - 4/8/11 MIRU PU. Set tbg & RU. ND WH. NU BOP. DO DV Tool. OWU. POOH w/ tbg. DO cmt to 13,600' & CHC w/ 300 bbls 2% KCL. Test 4500 psi good. RIH w/ tbg & TCP guns. Perf toe @ 2.5 bpm & 3300 psi. POOH. LD tbg & guns. ND BOP & NU frac valve. MIRU WL. Run CBL log to 8696'. RD WL. MIRU BJ frac well. Test to 9500 psi, good. RU WL & RIH w/ frac plugs and perf guns to the following intervals: (9136 - 13,584'). See attached for detailed summary. DO frac plugs. RD coiled tbg. RU FB iron & SWI.

CHANGE IN BHL BASED ON  
RECALCULATION AND REVERIFICATION  
WITH CARL BURDICK OF DEVON  
ENERGY VIA PHONE CALL 6/2/11  
(J. HUGHES) *J. Hughes*

**RECEIVED**  
JUN 13 2011  
NMOCD ARTESIA

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

Signed *Judy A. Barnett* Name **Judy A. Barnett X8699**  
Title **Regulatory Specialist** Date **5/24/2011**

(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

Accepted for record  
NMOCD *DD*  
6-20-11

**PTED FOR RECORD**

JUN 5 2011  
*[Signature]*  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE