

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED  
OMB NO 1004-0135  
Expires: July 31, 2010**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.**5 Lease Serial No.  
NMNM54112

6 If Indian, Allottee or Tribe Name

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

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.

STRAWBERRY 7 FEDERAL COM 2

2 Name of Operator

Contact: MELANIE A CRAWFORD

DEVON ENERGY PRODUCTION LP E-Mail: MELANIE.CRAWFORD@DVN.COM

9. API Well No

30-015-32375

3a. Address

20 NORTH BROADWAY  
OKLAHOMA CITY, OK 73102

3b Phone No (include area code)

Ph: 405-552-4524

10 Field and Pool, or Exploratory

HACKBERRY;BONE SPRINGS,N

4 Location of Well (Footage, Sec., T, R., M., or Survey Description)

Sec 7 T19S R31E

11. County or Parish, and State

EDDY COUNTY COUNTY, NM

**12. CHECK APPROPRIATE BOX(ES) 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 checked="" type="checkbox"/> Other
	<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 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 requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection )

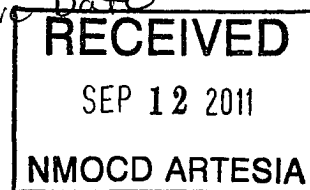
Devon Energy Production Co. LP respectfully requests to change the name of the Strawberry 7 Federal Com 2 well to Strawberry 7 Federal 2

\*New property code 37757  
Effective Date

It was originally drilled and produced from the Morrow formation (gas) with a N/2 Com. It was later recompleted to the Bone Springs. The Com Agreement has expired.

**SUBJECT TO LIKE  
APPROVAL BY STATE**

FRD 09/13/2011  
Accepted for record  
NMOCD



14. Thereby certify that the foregoing is true and correct.

**Electronic Submission #114828 verified by the BLM Well Information System  
For DEVON ENERGY PRODUCTION LP, sent to the Carlsbad**

Name (Printed/Typed) MELANIE A CRAWFORD

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 08/09/2011

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By

Title

LPET

Date

9/5/11

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

CFO

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.

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***