Form 3160-5 (August 1999)

s jurisdiction.

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UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT FORM APROVED

SUNDRY NOTICES AND REPORTS ON WELLS

OMB NO. 1004-0135 EXPIRES: NOVEMBER 30, 2000 5. Lease Serial No.

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals				NMNM033865	
		oposais	6. If Indian, Allottee	or inde Name	
· · · · · · · · · · · · · · · · · · ·	SUBMIT IN TRIPLICATE	RECEIVED	7. Unit or CA Agree	ement Name and No.	
1a. Type of Well 🔽 Oil Well 🔲 🔾	Gas Well Other	NOV 3 0 2005	8 Well Name and I	No.	
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP			Eagle 33 I Federal 17		
DEVON ENERGY PRODUC	CTION COMPANY, LP		9. API Well No.		
3. Address and Telephone No.			30-015-34191		
20 North Broadway, Ste 1500, Oklahoma City, OK 73102 405-552-8198			10. Field and Pool, or Exploratory		
 Location of Well (Report location clearly and in accordance with Federal requirements)* NESE 1650 FSL 1110 FEL, Unit I 			Red Lak 12. County or Paris	e; Glorieta-Yeso, NE sh 13. State	
Sec 33 T17S R27E			Eddy	NM	
	APPROPRIATE BOX(s) TO INDI	CATE NATURE OF NOTICE, REPOR			
TYPE OS SUBMISSION		TYPE OF ACTION	1		
✓ Notice of Intent	Acidize Alter Casing	Fracture Treat Reclama		Water Shut-Off Well Integrity	
Subsequent Report	Casing Repair Change Plans	New Construction Recomp	lete arily Abandon	Other APD Extension	
Final Abandonment Notice	Convert to Injection	Plug Back Water D	isposal		
 Describe Proposed or Completed Operations leepen directionally or recomplete horizontally, give he Bond No. on file with BLM/BIA. Required subsections nterval, a Form 3160-4 shall be filed once testing has letermined that the site is ready for final inspection) 	subsurface location and measured and true voquent reports shall be filed within 30 days follo	vertical depths of all pertinent markers and zones. wing completion of the involved operations. If the	Attach the Bond under whic operation results in a multiple	h the work will be performed or provide e completion or recompletion in a new	
		APPROVED FOR 12 MON	ITH DEDICE		
		ENDING			
14. (Thereby certify that the foregoing is	True and correct Name Title	Norvella Adams	- Dete	11/14/2005	
This space for Enderst or State Office		Sr. Staff Engineering Technician	Date	11/14/2005	
This space for Federal or State Office of Approved by	G. Lara ACTING	IELD MANAGER	N Date	OV 2 8 2005	
Conditions of approval, if any:				***	

Section floor, makes it a Griffer for any person knowingly and william to make any department or agency or the critical States any talse, includious or tradicularities statements or representations to any maker within