

Form 3160-5  
(August 1999)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: NOVEMBER 30, 2000Do not use this form for proposals to drill or to re-enter an  
abandoned well. Use Form 3160-3 (APL) for such proposals

SUBMIT IN TRIPLICATE

|                                                                                            |                                                                   |                                              |                                      |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------|--------------------------------------|
| 1a. Type of Well                                                                           | <input type="checkbox"/> Oil Well                                 | <input checked="" type="checkbox"/> Gas Well | <input type="checkbox"/> Other _____ |
| 2. Name of Operator                                                                        | Devon Energy Production Co., LP                                   |                                              |                                      |
| 3. Address and Telephone No.                                                               | 20 North Broadway, Ste 1500, Oklahoma City, OK 73102 405-552-7802 |                                              |                                      |
| 4. Location of Well (Report location clearly and in accordance with Federal requirements)* | Lot A Sec 28 T-23S-R31E<br>660' FNL & 990' FEL                    |                                              |                                      |

|                                      |                            |
|--------------------------------------|----------------------------|
| 5. Lease Serial No.                  | NM-NM0514348-A             |
| 6. If Indian, Airties or Tribe Name  |                            |
| 7. Unit or CA Agreement Name and No. | NM 107704                  |
| 8. Well Name and No.                 | Western Reserves Federal 1 |
| 9. API Well No.                      | 30-015-21183               |
| 10. Field and Pool, or Exploratory   | Avalon (Morrow)            |
| 12. County or Parish                 | Eddy                       |
| 13. State                            | NM                         |

## CHECK 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 MIT test |
|                                                       | <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input checked="" 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)

07/29/06:

MIRU pump truck. Bleed air off and tested csg to 500 psi for 30 min. Lost 20 psi, called Jim Ames w/BLM, will take that for TA. Rig down, move off.

Copy of BLM form 3160-5 being sent to the NMOCD. Copy of NMOCD form attached.

Please see attached chart for Mechanical Integrity Test conducted on July 28, 2006.

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

Signed [Signature] Name Stephanie A. Yessaga  
 Title Sr. Staff Engineering Technician Date 7/31/2006

(This space for Federal or State Office use)

Approved by [Signature] Title Accepted for record Date \_\_\_\_\_  
 Conditions of approval, if any: NMOCD

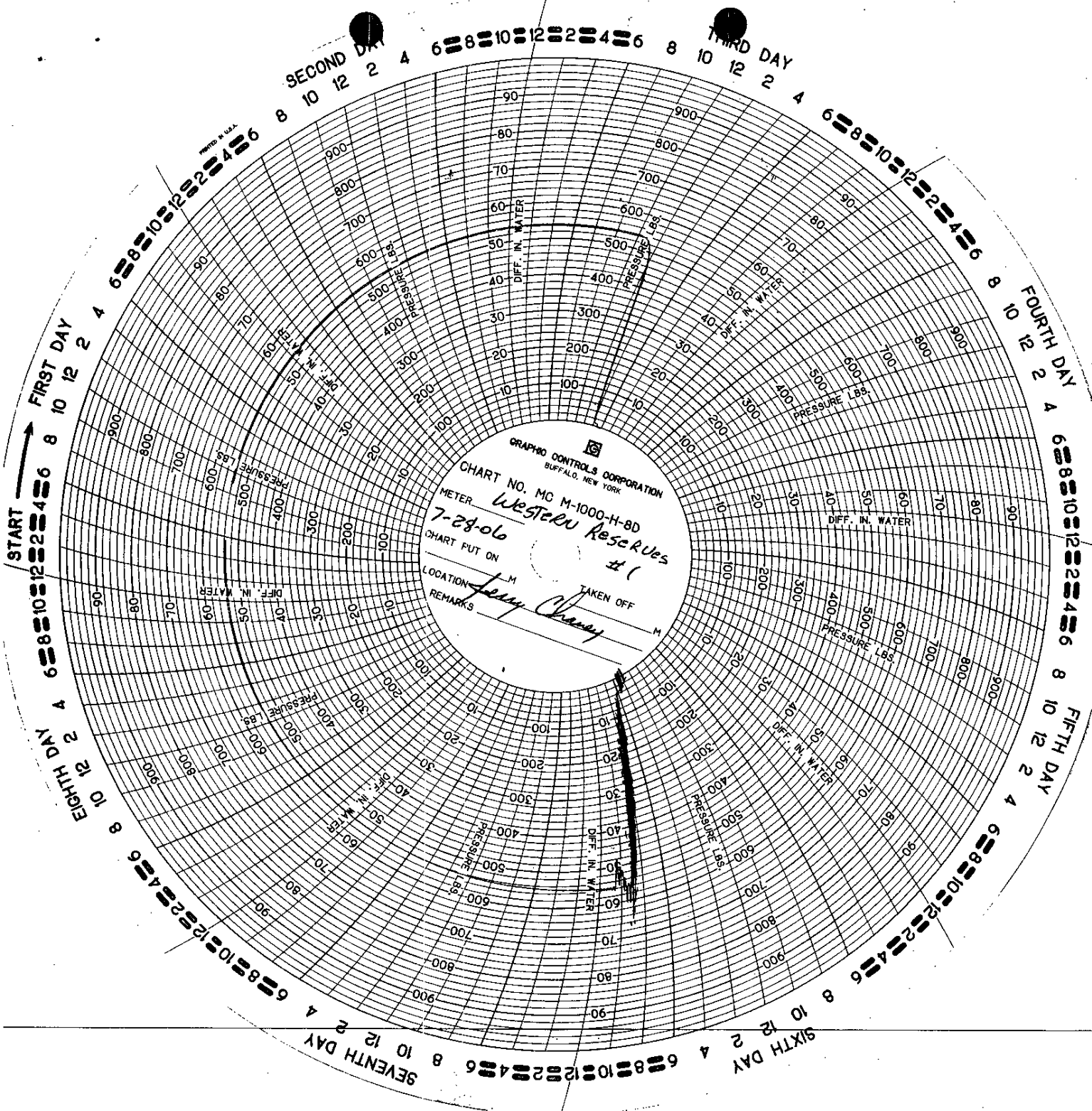
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations to any matter within its jurisdiction.

\*See Instruction on Reverse Side

ACCEPTED FOR RECORD

AUG - 9 2005

JIM COURLEY  
SUPERVISOR



12 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 -

AUG 2006  
RECEIVED  
OCD - ARTESIA