

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Oil Cons.  
N.M. DIV-Dist. 2  
1301 W. Grand Avenue  
Artesia, NM 88210

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other \_\_\_\_\_

2. Name of Operator  
**DEVON ENERGY PRODUCTION COMPANY, LP.**

3. Address and Telephone No.  
**20 NORTH BROADWAY, SUITE 1100, OKLAHOMA CITY, OKLAHOMA 73102 (405) 228-7512**

4. Location of Well (Footage. Sec., T., R., M., or Survey Description)  
**660' FSL & 1980' FWL, Sec15 T23S R31E**

5. Lease Designation and Serial No.  
**NMNM0405444**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
**Todd 15 Federal #14**

9. API Well No.  
**30-015-32733**

10. Field and Pool, or Exploratory Area  
**Ingle Wells; Delaware**

11. County or Parish, State  
**Eddy, NM**

**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"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>BOP Testing</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Devon Energy Production Company, LP respectfully requests approval to install a 2000# drilling head on the 13 3/8" casing. The BOP equipment will be rated to 3000#. The BOP & associated wellhead equipment will be tested to 1215# (70% of burst rating of casing) with the rig pump. After setting the 8 5/8" casing a 3000# casing head & 3000# BOP will be installed & tested to 3000# with an independent tester in accordance with Onshore Order No. 2

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

Signed Karen A. Cottom  
(This space for Federal or State office use)

Karen A. Cottom

Title Operations Technician

Date August 21, 2003

Approved by (ORIG. SGD.) ALEXIS C. SWOBODA  
Conditions of approval, if any:

Title PETROLEUM ENGINEER

Date AUG 26 2003