

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

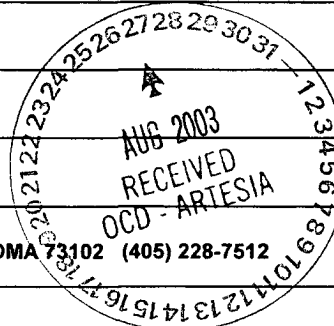
SUBMIT IN TRIPLICATE

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)
990' FSL & 2310' FWL, Sec 34 T17S R27E, Unit N



5. Lease Designation and Serial No.
NMLC067849

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Eagle 34 Federal #34

9. API Well No.
30-015-~~34748~~ 32840

10. Field and Pool, or Exploratory Area
Red Lake; Glorieta Yeso, NE

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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" 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>Drilling Operations</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.)*

8/4/03 – Perf'd Yeso 2992' – 3201', w/1JSPF, 28 holes

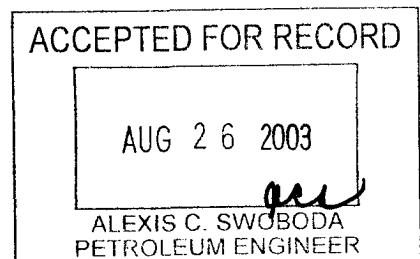
8/5/03 – Acidized w/2500 gal 15% NeFe

8/6/03 – Frac'd w/22,000 gal FW, 85,000 gal Aqua Frac 1000, 20,640# 16/30 Cr-4000 & 87,280# 20/40sd.

8/7/03 – RIH w/2 7/8" tbg set @3225', RIH w/rod & pum hung well on production

8/12/03 – Pump problems, unseated pum, TOOH w/rods & pump

8/13/03 – RIH w/rod & pump, Hung well on prod



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 22, 2003

Approved by _____ Title _____ Date _____
Conditions of approval, if any: