

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Oil Cons.  
N.M. DIV-Dist. 2  
301 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 FNL & 330 FEL, Sec 25 T22S R30E**

5. Lease Designation and Serial No.

**NMNM89052**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

**APACHE 25 FEDERAL #3**

9. API Well No.

**30-015-32719**

10. Field and Pool, or Exploratory Area

**QUAHADA RIDGE SE, Delaware**

11. County or Parish, State

**EDDY COUNTY, 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>Completion</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.)\*

7/30/03 – TIH Tagged DV Tool @3996', drilled out

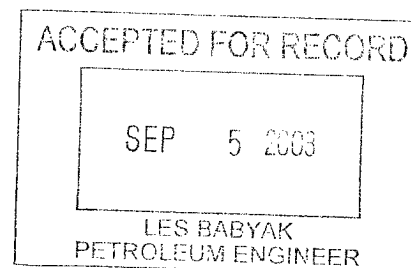
8/1/03 – Tagged PBTD @7900'

8/2/03 – Perf'd 2 SPF 7636' – 7660' 48 holes

8/6/03 – Acidized zone w/2000 gal 7.5% pentol

8/8/03 – Frac'd zone w/218,000#16/30 Ottawa & rc

8/10/03 – RIH w/tbg & rod string, Hung well on, leave pumping to test tank.



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 September 2, 2003

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_

Date \_\_\_\_\_