

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 (APD) for such proposals

SUBMIT IN TRIPLICATE

1a. Type of Well ☒ Oil Well ☐ Gas Well ☒ Other W I W

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

3 Address and Telephone No  
**20 North Broadway, Ste 1500, Oklahoma City, OK 73102 405-552-8198**

4. Location of Well (Report location clearly and in accordance with Federal requirements)\*  
**1980' FNL & 1980' FEL, Sec. 7-T18S-R27E, Unit "G"**

5 Lease Serial No.  
**LC-067981-A NM 7715**

6 If Indian, Allottee or Tribe Name

7 Unit or CA Agreement Name and No  
**NM 71064 X DM**

8 Well Name and No  
**West Red Lake Unit 8**

9 API Well No.  
**30-015-00806**

10. Field and Pool, or Exploratory  
**Red Lake; Queen-Grayburg San Andres**

12 County or Parish 13. State  
**Eddy 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 type="checkbox"/> Other
	<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)

A successful Mechanical Integrity Test was performed on the referenced well on 5/24/07 and the original chart was retained by the NM OCD, District II. Representatives from the BLM and the NM OCD were present to witness the test.

The following was performed:

MIRU kill truck and pressured casing to 560 psi. Held pressure for 30 minutes. Left well injecting water. RDMO.

We request that this well be returned to active status. We are currently injecting into this well.

ACCEPTED FOR RECORD

JUN 22 2007

Gerry Guye, Deputy Field Inspector  
NM OCD-District II ARTESIA

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

Signed [Signature] Name Norvella Adams  
Title Sr Staff Engineering Technician

(This space for Federal or State Office use)

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

ACCEPTED FOR RECORD

Date 5/30/2007

[Signature]  
WESLEY W. INGRAM  
PETROLEUM ENGINEER

True to 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 reports, or to furnish any matter within its jurisdiction

\*See Instruction on Reverse Side