

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

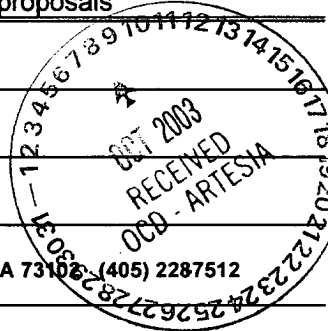
SUBMIT IN TRIPLICATE

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) 2287512

4. Location of Well (Footage. Sec., T., R., M., or Survey Description)
810 FNL & 940 FEL, Sec 14 T23S R31E, Unit A

5. Lease Designation and Serial No. NMNM0533177A
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and No. Todd 14 A Federal #2
9. API Well No. 30-015-32866
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 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.)*

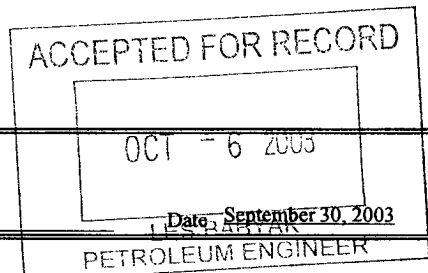
8/13/03 - Drilled out DV tool @ 6007', PBTD @8449'
8/14/03 - Ran CBI, TOC @ 3440', TIH w/4" csg gun 2SPF Perf'd 8286' - 8306', Frac'd w/34,192 gal wtr & 72,000# sd
8/15/03 - TIH w/4" csg gun 2SPF @7860'-67' (14 holes), 7674' - 88' (28 hole) 7504' - 20' (32 holes), 7332' - 40' (16 hole), 6989' - 7002' (26 holes) total of 126 holes.
8/16/03 - Acidized 7860' - 67 w/1000 gal 7.5% Pentol acid
8/19/03 - Frac'd w/10,000gal Spec Frac & 22,460# 16/30 sd & 6,200 CR-4000 16/30 sd
8/20/03 - Acidized 7674' - 88' w/1000 gal 7.5% Pentol acid
8/21/03 - Frac'd w/28,000# 16/30 sd,
8/22/03 - Acidized 7504' - 20' w/1500 gal 7.5% Pentol acid
8/27/03 - Pumped 200 sx Class H to squeeze 7504' - 20' perfs, drlg out cmt & test to 1000 psi
8/29/03 - Acidized 7332' - 40' w/1000 gal 7.5% Pentol acid
9/4/03 - Frac'd w/10,000 gal Spec Frac & 24,760 # 16/30 sd & 15,725# CR-4000 16/30 sd, Acidzed 6989' - 7002 w/1000 gal 7.5% Pentol
9/16/03 - Hung well on production

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



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