OCD-ARTESIA

Form 3160-5 February 2005)

UNITED STATES

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OMB NO. 1004-0135 EXPIRES: March 31, 2007 5. Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS

G

FORM APROVED

Do not use this form	W. C.	NM 0418220-A					
	Form 3160-3 (APD) for such	proposals		6 If Indian, Allotte	e or Tribe Name		
SU	BMIT IN TRIPLICATE			7 11-2 00 0			
A. T. Well Clause Ca. W. Ca.					7. Unit or CA Agreement Name and No.		
1a. Type of Well Oll Well Gas Well Other					8 Well Name and No.		
2. Name of Operator					Todd 27D Federal 4		
DEVON ENERGY PRODUCTION COMPANY, LP APR - 1 2008				9. API Well No.			
				30-015-35425			
3. Address and Telephone No. 20 North Broadway, Oklahoma City, OK 73102 405-235-3611				10. Field and Pool, or Exploratory			
4. Location of Well (Footage, Sec., T,R.,M., or Survey Description)				Ingle Wells; Delaware			
330 FNL 330 FWL D SEC 27 T23S R31E					12. County or Parish State		
				Eddy	NM		
	APPROPRIATE BOX(ES) TO	INDICATE NATURE OF	NOTICE, REPO	RT, OR OTHER DA	ATA		
TYPE OS SUBMISSION		TY	PE OF ACTION				
Notice of Intent	Acidize	Deepen	Production	on (Start/Resume)	Water Shut-Of	ŗ.	
	Alter Casing	Fracture Treat	Reclamat		Well Integrity		
Subsequent Report	Casing Repair	☐ New Construction☐ Plug and Abandon	Recomple		✓ Other Raise To	oc	
Final Abandonment Notice	☐ Change Plans ☐ Convert to Injection	Plug Back	Water Di	rily Abandon snosal			
13 Describe Proposed or Completed Operation Cle	arly state all pertinent details, including	estimated starting date of any pro	posed work and app	proximate duration thereof			
recomplete honzontally, give subsurface locations and BLM/BIA Required subsequent reports shall be filed w be filed once testing has been completed Final Aband final inspection)	rithin 30 days following completion of the	e involved operations. If the opera	tion results in a mult	ple completion or recomp	letion in a new interval, a For	m 3160-4 shall	
3/06/08 - 3/14/08							
1. MIRU PU. POOH w/ rods and	d pump.						
2. RIH & set RBP @ 6351'.							
3. RU Gray WL & RIH w/ tracer	survey to 5360'. No flu	ıid entry past 5410'.	Notified B	LM secured ap	proval for		
bradenhead sqz to pump dn 8 5	5/8".						
4. Test to 5000#.							
5. Perform pump in test down 8							
6. MIRU BJ Services and perfor					/ Sodium Chloric	le w/	
.3% bwoc Sodium Metasilicate				ols. RD BJ.			
7. RU Gray WL & run CBL. Btm		C @ 3875'. RD Gray	WL.				
8. RIH w/production tbg & origin	3						
9. PUH and set TA. NU pumping	-						
10. RIH w/pump & rods. HWO բ	oump.						
11. RDMO PU.							
14. I hereby certify that the foregoing is tr	ue and correct						
Name Signed Jude Sur	Name Title	Judy A. Bar Regulatory Ar		- Data	0/04/0000		
		Regulatory Al	naiyst	_ Date	3/24/2008		
(This space for Federal or State Office use)						
Approved by	Title			Date			
Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent would entitle the applicant to condu	uitable title to those rights in th		Office				
Title 18 0.3 C Section 1001, makes it a crime for any		any department or agency or the o	niteu States any lais	e, ilculous.com audulencs	аштенть оптергевентанопь	то апу-таког	
		within its junisdiction			n ear rec	ARN	
	"See	Instruction on Reverse	Side	MU111111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11/11/11	

Accepted for record - NMOCD

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BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE