BUREA	UNITED STATES RTMENT OF THE INTERIOR U OF LAND MANAGEMENT FICES AND REPORTS ON WE	OCD-ARTESIA	OME	RM APROVED NO. 1004-0135 S: March 31, 2007	
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals			N 6. If Indian, Allottee	M-0418220-A or Tribe Name	
SUBMIT IN TRIPLICATE			7. Unit or CA Agree	ment Name and No.	
1a. Type of Well 🗹 Oil Well 🗌 G	as Well 🔲 Other	APR - 7 2008	8 Well Name and N		
2. Name of Operator OCD_ARTESIA			Tod	Todd 27l Federal 9	
DEVON ENERGY PRODUCTION COMPANY, LP 3. Address and Telephone No.			9. API Well No.	0-015-35521	
20 North Broadway, Oklahoma City, OK 73102 405-235-3611				10. Field and Pool, or Exploratory	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* 1980 FSL 660 FEL I SEC 27 T23S R31E *			Ingle Wells; Delaware 11. County or Parish State		
			Eddy	NM	
12. CHEC	K APPROPRIATE BOX(s) TO I	NDICATE NATURE OF NOTICE, REP TYPE OF ACTIO		A	
recomplete horizontally, give subsurface location and BL/MBIA. Required subsequent reports shall be filed must be filed once testing has been completed Fina for final inspection	measured and true vertical depths of all within 30 days following completion of the Abandonment Notices shall be filed only	Fracture Treat Reclam New Construction Recomp Plug and Abandon Tempor Plug Back Water I estimated starting date any proposed work and app pertinent markers and zones Attach the Bond under a involved operations if the operation results in a m	Dete rarily Abandon Disposal roximate duration thereof if it rowinch the work will be perfor hultiple completion or recomple been completed, and the opera	med or provide the Bond No on file with tion in a new interval, a Form 3160-4 alor has determined that the site is ready	
csg. TOC @ 3320'. RIH & p 7 1/2% HCL acid w/ 60 BS. F sd, 24K 16/40 Siberprop and I	erf 7984-94' & 8070-80' (rac L. Brushy Canyon w/ FL w/ 7730 gals 10# linea al 4 shots. Test csg to 2K	ac Valve. RU Baker Atlas & bor 2 spf 120 deg phased: total 4 8300 g Spectra Star 2500 w/ 3ł r gel. ND Frac valve. NU BOP #, good. RU & RIH w/ swab	0 shots. RD WL.	RU BJ & pump 2K gals sd, 139K 20/40 white & perf M. Brushy	
14. I hereby certify that the foregoing is	true and correct			المستحد بالمراجع	
Name Signed	Name Title	Judy A. Barnett Regulatory Analyst	Date	3/24/2008	
Approved by	Title		Date	····	
Conditions of approval, if any, are attach warrant or certify that the applicant holds the subject lease which would entitle the	legal or equitable title to those pplicant o conduct operations the second seco	rights in nereon. Office	กระ, กรณิของราวารีสอชเมตา ราสเ	ements or representations to any matter	

*See Instruction on Reverse Side