Form 3160-5 (June 1990)

## UN! D STATES

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT N.M. Oil Cons. Division

	S AND REPORTS ON WELAStesia, NM 88210 or to deepen or reentry to a different reservoir. DR PERMIT—" for such propesals	NM-0557370 6. If Indian, Allottee or Tribe Name
	IN TRIPLICATE	
SUBMIT	IN TRIPLICATE 9 %	NA 7. If Unit or CA, Agreement Designation
Γype of Well Soli Gas □ Other	NOV 1 1 1335	West Red Lake 890089700
Name of Operator DEVON ENERGY CORPORATION (NEVADA)		8. Well Name and No.  Eagle "34J" Federal #19
Address and Telephone No. 20 NORTH BROADWAY, SUITE 1500, OI	KLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611	9. API Well No.  30-015- 29///
Location of Well (Footage. Sec., T., R., M., or Survey Description) 2310' FSL & 2310' FEL of Section 34-T17S-R27E; Unit "J"		10. Field and Pool, or Exploratory Area
		Red Lake (Q-GB-SA) 11. County or Parish, State
		Eddy County, NM
CHECK APPROPRIATE BOX(s	) TO INDICATE NATURE OF NOTICE, REF	PORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	1
Notice of Intent	Abandonment Recompletion	<ul><li></li></ul>
Subsequent Report	Plugging Back	Non-Routine Fracturing
Final Abandonment Notice	Casing Repair Altering Casing	☐ Water Shut-Off ☐ Conversion to Injection
	Other Amend TD	Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
Describe Proposed or Completed Operations (Clearly state all subsurface locations and measured and true vertical depths	Other Amend TD  pertinent details, and give pertinent dates, including estimated date of startin for all markers and zones pertinent to this work.)*	Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)  g any proposed work. If well is directionally drilled, g
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Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representatio

any matter within its jurisdiction.

Conditions of approval, if any: