



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000

**SECONDARY NOTICES AND REPORTS ON WELLS**

*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

5. Lease Serial No.  
NMNM0404441

6. If Indian, Allottee or Tribe Name

7. If Unit or CA Agreement, Name and/or No.

8. Well Name and No.  
TODD 14K FED 1

9. API Well No.  
30-015-20298-00-S3

10. Field and Pool, or Exploratory  
INGLE WELLS-DELAWARE

11. County or Parish, and State  
EDDY COUNTY, NM

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
DEVON ENERGY PRODUCTION CO L P  
Contact: KAREN COTTOM  
E-Mail: karen.cottom@devn.com

3a. Address  
20 NORTH BROADWAY SUITE 1500  
OKLAHOMA CITY, OK 73102

3b. Phone No. (include area code)  
Ph: 405.228.7512  
Fx: 405.552.4667

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 14 T23S R31E NESW 1980FSL 1980FWL

UT. 15

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input 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 Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations 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 requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Devon Energy Production Company, LP request approval to change the above referenced well from a 320 acre gas proration unit to a 40 acre oil proration unit due to the recompletion to the Delaware formation. See attached C102

Done

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

**Electronic Submission #17650 verified by the BLM Well Information System  
For DEVON ENERGY PRODUCTION CO L P, sent to the Carlsbad  
Committed to AFMSS for processing by Linda Askwig on 01/14/2003 (03LA0231SE)**

Name (Printed/Typed) KAREN COTTOM

Title ENGINEERING TECHNICIAN

Signature (Electronic Submission)

Date 01/14/2003

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By ALEXIS C SWOBODA

Title PETROLEUM ENGINEER

Date 01/14/2003

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office Carlsbad

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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 representations as to any matter within its jurisdiction.

**\*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\* REVISED \*\***