

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

dsf

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 5. Lease Designation and Serial No. NM-0404441 |
| 2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP. | 6. If Indian, Allottee or Tribe Name |
| 3. Address and Telephone No. 20 NORTH BROADWAY, SUITE 1100, OKLAHOMA CITY, OKLAHOMA 73102 (405) 228-7512 | 7. If Unit or CA, Agreement Designation |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL & 1980' FEL, Section 13-23S-31E, Unit "G" | 8. Well Name and No. Todd "13G" Federal #21 |
| | 9. API Well No. 30-015-31514 |
| | 10. Field and Pool, or Exploratory Area Ingle Wells(Delaware) |
| | 11. County or Parish, State Eddy, NM |

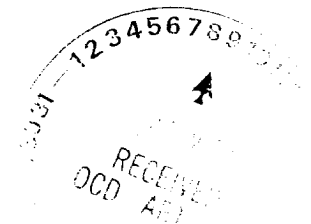
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION |
|---|--|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input checked="" type="checkbox"/> Other <u>Completions</u> |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <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.)*

10/15/01 Ran CBL/GR/CCL, TOC @ 1594', RIH w/4" csng gun perf'd 8318'-8338', 2SPF, 120 PH, 41 shotes, SDFN
10/16/01 RIH set Pkr @ 8230', acidized 8318' - 8338' w/1000 gal 7 1/2% NeFe, released Pkr. SDFN
10/18/01 Frac'd 8318' - 8338' w/32150 gal YF 130-gel, 65000# 16/30 White sand, 15000# 16/30 RC sd
10/19/01 RIH w/4" csng gun, perf'd 7145' - 7156', 2SPF 22 shots, 120 PH SDF weekend
10/21/01 Set RBP @ 7400'
10/22/01 Acidized 7145' - 56' w/1000 gal 7 1/2% NeFe
10/23/01 TIH w/tbg open ended SN @ 7041' SDFN
10/24/01 Frac w/25,000 clearfrac 72,000# 16/30 Ottawa
10/26/01 Install CPLGS pu pump Pump test upper zone
12/3/01 POOH w/RBP
12/5/01 Hung well on production



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

Signed Karen A. Cottom Title Engineering Technician Date December 21, 2001
(This space for Federal or State office use)

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

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 representations to any matter within its jurisdiction.

*See Instruction on Reverse Side

