Form 3160-5 (June 1990)

any matter within its jurisdiction.

UNITED STATES OF THE INTERIOR DEPARTME **BUREAU OF LAND MANAGEMENT**



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

Please amend the APD to show that the pressure is anticipated to be only 800. 4. Thereby certify that the foregoing is true and correct Signed S. J. B.	E.L. Buttross, Jr. Title District Engineer	Date December 17, 1997
14. Thereby certify that the foregoing is true and correct	E.L. Buttross, Jr. Title District Engineer	Date December 17, 1997
4. Thereby certify that the foregoing is true and correct	E.L. Buttross, Jr.	MARIE OF A
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Please amend the APD to show that the	ne BOP will be tested to 1000 psi with the rig	pump The maximum bottom ho
 Describe Proposed or Completed Operations (Clearly state subsurface locations and measured and true vertical dept 	all pertinent details, and give pertinent dates, including estimated date of startin hs for all markers and zones pertinent to this work.)*	g any proposed work. If well is directionally drilled, give
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
Final Abandonment Notice	Altering Casing Other	Conversion to Injection Dispose Water
Final Abandanmant Notice	Casing Repair	Water Shut-Off
Subsequent Report	Recompletion Plugging Back	New Construction Non-Routine Fracturing
Notice of Intent	Abandonment	Change of Plans
TYPE OF SUBMISSION	TYPE OF ACTION	<u> </u>
	(s) TO INDICATE NATURE OF NOTICE, REP	
		Eddy County, NM
Location of Well (Footage. Sec., T., R., M., or Survey Description) 596' FSL & 1771' FEL of Section 3-T18S-R27E, Unit "O"		Fled Lake (Q-GB-SA) County or Parish, State
		1) Field and Pool, or Exploratory Area
20 NORTH BROADWAY, SUITE 1500,	OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611	30-015 -
3. Address and Telephene No.		Hawk "30" Federal #2
2. Name of Operator DEVON ENERGY CORPORATION (NEVADA)		
Oil Gas Other		NA 8 Well Name and No.
i. Type of Well		If Unit or CA, Agreement Designation
	IT IN TRIPLICATE	NA
SUBM	IT IN TOIN IN ATE	
Use "APPLICATION I	or to deepen or reentry to a different reservoir. FOR PERMIT—" for such proposals	NM-025604 6 If Indian, Allottee or Tribe Name