Form 3160-5 (November, 1996)

UNITED STATES DEPARTMENT OF THE INTERIOR

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٦	1		-11	OMB No. 1004-0	0135
7	Γ	. ,	- 1	Expires: July 31	1996

2	T	- OMB No. 1004- 013
İ		OMB No. 1004- 013 Expires: July 31, 199

BURE	AU OF LAND MANA	GEMENT ME	CEIVEL	Expires: July 3	1, 1996					
CHAIDDY NO	TICES AND REPOR	TO ON WELL C.	5. Lease Seri		2004					
Do not use the	6. If Indian. A	30-045-31261								
	Use Form 3160-3 (APD)									
SUBMIT IN TRIPLICATE-	Other Instructions or	the reverse side		A. Agreement De	esignation					
1. Type of Well			No	rtheast Bla	anco Unit					
Oil Well X Gas Well O	her		8. Well Name	and No.						
2. Name of Operator				NEBU 3	311M					
Devon Energy Production		n: Diane Busch	9. API Well N	lo.						
3a. Address		e No. (include area code)		30-045-3						
4. Location of Well (Footage, Sec., T., R., M., or	Sity, OK 73102	(405) 228-4362		Pool, or Explorat	•					
		2 T 24N D 7N		lesaverde Parish, State	Basin Dakota					
Latitude	<i>N</i> /4, SW /4, Sec. 1 Longitude	3 , T 31N R. 7V	•	Juan	NM					
12. CHECK APPROPRIATE B		NATURE OF NO								
TYPE OF SUBMISSION	(C) ((C) ((C) ((C) ((C) ((C) ((C) ((C)	TYPE OF ACT			STITE OF CITY					
Notice of Intent A	cidize Deepen	Production (S	Start/ Resume)	Water Shut-off						
50000	tering Casing Fracture	***************************************		Well Integrity						
P7900 80000	asing Repair New Con	9009000	ix	• •	d Well					
2000	50000	abandon Temporarily	handon							
50000	onvert to Injection Plug bac	80000								
13. Describe Proposed or Completed Operation (,			ork and approxim	ate duration thereof					
Attach the Bond under which the work will performed or provide the Bond No. on file with the BLM/ BIA. Required susequired reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in anew interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.) The above referenced well spud on 2/11/03.										
14. I hereby certify that the foregoing is true and Name (<i>Printed/ Typed</i>)	correct. Title									
Diane Busch		Sr. Operations Technician								
Signature Simu B	usch	2-12-03								
Approved by	THIS SPACE FOR FEDE	RAL OR STATE OFFICE	JE USE	Date						
Conditions of appropriate if any and the conditions of appropriate if any any any and the conditions of appropriate if any any any and any				FEB 1	4 2003					
Conditions of approval, if any are attached. Approcertify that the applicant holds legal or equitable to				earminita Attinimore	N FIFI D OFFICE					

which would entitle the applicant to conduct operations thereon. Title 18 U.S.C. Section1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictit or fraudulent statements or representations as to any matter within its jurisdiction.