Form 3160-5 (August 2007)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SEP 22 2008

| FURM AP     | PROVED     |
|-------------|------------|
| OMB No.     | 1004-0137  |
| Expires: Ju | ly 31, 201 |

BUREAU OF LAND MANAGEMENT

BURCOU GI LAGO MANAGEMENT

SF 079003

SUNDRY NOTICES AND REPORTS ON WELLS MANAGEMENT

6. If Indian Allotte

| Do not use this f   | form for proposals t<br>Use Form 3160-3 (A | o drill or to re            | e-enter an              |  | o. If mulan, Another o  | The Name  |  |
|---|--|-----------------------------|-------------------------|--|---|---|--|
| SUBMIT IN TRIPLICATE – Other instructions on page 2.  1. Type of Weil   |  |                             |                         |  | 7. If Unit of CA/Agreement, Name and/or No. Northeast Blanco Unit |   |  |
| Oil Well Gas Well Other   |  |                             |                         | 8. Well Name and No.<br>68N                      |   |   |  |
| 2. Name of Operator<br>Devon Energy Production Company, L.P.  |  |                             |                         | 9. API Well No.<br>30-045-34677                  |   |   |  |
| 3a. Address 3b. Phone N   |  |                             | iclude area cod         | le)  | 10. Field and Pool or Exploratory Area                            |   |  |
| 20 N. Boradway Oklahoma City, OK 73102 405-552-79   |  |                             |                         |  | Blanco Mesaverde / S L P F/S Picture Cliffs                       |   |  |
| 4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) SL: 2,375' FNL & 1,260' FWL, Unit E, SW NW, Sec 35, 31N, 7W BHL. 1,840' FSL & 1,840' FEL, Unit J, NW SE, Sec 35, 31N, 7W |  |                             |                         |  | 11. Country or Parish, State Rio Arriba, NM                       |   |  |
| 12. СНЕС  | CK THE APPROPRIATE BO                      | X(ES) TO INDICA             | ATE NATURE              | OF NOTIC   | CE, REPORT OR OTH   | ER DATA   |  |
| TYPE OF SUBMISSION  |  |                             | ION                     |  |   |   |  |
| Notice of Intent  | ☐ Acidize ☐ Alter Casing ☐ Casing Repair   | Deepen Fracture New Co      | Treat                   | Production (Start/Resume) Reclamation Recomplete |   | Water Shut-Off Well Integrity Other                                       |  |
| ✓ Subsequent Report   | Change Plans                               | Plug and                    | d Abandon               | Temporarily Abandon                              |   |   |  |
| Final Abandonment Notice  | Convert to Injection                       | vert to Injection Plug Back |                         |  | ater Disposal   |   |  |
| On 8/20/08 a 4 1/2" retrievable bridg<br>50/50 POZ w/0.6% Halad-9, 5#/sx 0  |  |                             |                         | s, 0.34" Eł                                      | HD, were then shot a  | ACCEPTED FOR RECORD  SEP 2 9 2003  FARMING TON FIELD OFFICE  BY T. SAMPS. |  |
| 14. I hereby certify that the foregoing is  | true and correct. Name (Printe             | . ,                         |                         |  |   |   |  |
| Melisa Castro   | Elisa Castro Title Senior Staff O          |                             | taff Operat             | ions Technician                                  |   |   |  |
| Signature / B   |  |                             | Date September (6, 2008 |  |   |   |  |
|   | THIS SPACE                                 | FOR FEDER                   | AL OR ST                | ATE OF   | FICE USE  |   |  |
| Approved by  Conditions of approval, if any, are attache that the applicant holds legal or equitable  | title to those rights in the subje         |                             |                         |  |   | Date  |  |
| Title 18 U.S.C. Section 1001 and Title 43 fictitious or fraudulent statements Or repr   | U.S.C. Section 1212, make it               |                             | on knowingly ar         | nd willfully                                     | to make to any departme   | nt or agency of the United States any false                               |  |
| (Instructions on page 2)  |  |                             |                         |  |   |   |  |