

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill, deepen, or reentry to a well or reservoir.

Use 'APPLICATION FOR PERMIT' for surface operations.

SUBMIT IN TRIPLICATE

1. Type of Well: oil well gas well ☒ other
2. Name of Operator: Devon Energy Production Co., L.P.
3. Address of Operator: 3300 N. Butler Avenue, Suite 211, Farmington, NM 87401
4. Location of Well: (Footage, Sec., T., R., M., or Survey Description)

1190' FSL, 2040' FEL - Section 33, T31N, R7W

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

5. Lease Designation and Serial No.
SF - 079043

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agmt. Design.:
Northeast Blanco Unit

8. Well Name and No.:
N.E.B.U. #54A

9. API Well No.:
30-045-25093

10. Field & Pool/Exploratory Area:
Mesa Verde

11. County or Parish, State:
San Juan, New Mexico

12. CHECK APPROPRIATE BOX(es) 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 type="checkbox"/> Change of Plans |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Casing Repair <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Altering Casing <input type="checkbox"/> Conversion to Injection |
| | <input checked="" type="checkbox"/> Other: (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.)*

Notice of resumption of Mesaverde gas production. This well has been shut in due to high transporter pipeline pressure.

In December, 2000, the well was put back on production after the transporter (WFS) reduced the pipeline system pressure by 50%.

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

Signed: James K. Abbey JAMES K. ABBEY

Title: SR. OPERATIONS ENGINEER

Date: 1-24-01

(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 or the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

ACCEPTED FOR RECORD

REC 02 2001

RECEIVED

OFFICE