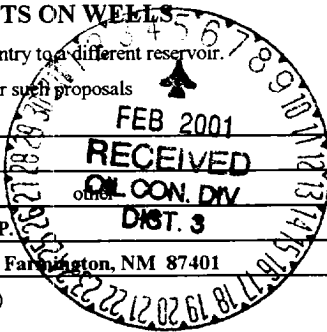


**UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT**

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

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill, deepen or reentry to a different reservoir.
 Use 'APPLICATION FOR PERMIT' for such proposals



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)

1850' FSL, 840' FWL - Section 35, T31N, R7W

5. Lease Designation and Serial No.
SF - 079003

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. #73

9. API Well No.:
30-045-25367

10. Field & Pool/Exploratory Area:
Mesa Verde

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

12. 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 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. Abbe **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
 FEB 02 2001
 BY _____