

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 Corporation**
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)

1150' FNL, 1600' FEL - Section 22, 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. #406
9. API Well No.:
30-045-26914
10. Field & Pool/Exploratory Area:
Basin Fruitland Coal
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: CBM Re-Cavitation
	(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.)*

Re-cavitation operations commenced on 6-19-01 and ended on 7-24-01. Pressure tested 7" casing before operations began. The 5-1/2" uncemented pre-perforated liner was installed. Top of liner hanger at 3014'. Bottom of liner bit shoe at 3238'. 2-3/8" tubing set at 3180'.

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

Signed: John Freier **JOHN FREIER** Title: **COMPANY REPRESENTATIVE** Date: 11/15/01

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

ACCEPTED FOR R.
NOV 21 2001

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 other within its jurisdiction.

NMOCD