

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

N.M. Oil Cons. DIV-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

FORM APPROVED
OMB NO. 1004-0135
EXPIRES: NOVEMBER 30, 2000

Do not use this form for proposals to drill or to re-enter an
abandoned well. Use Form 3160-3 (APD) for such proposals

SUBMIT IN TRIPLICATE

1a. Type of Well ☐ Oil Well ☒ Gas Well ☐ Other _____

2. Name of Operator
DEVON ENERGY PRODUCTION COMPANY, LP

3. Address and Telephone No.
20 North Broadway, Ste 1500, Oklahoma City, OK 73102 405-552-7802

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
E 1980' FNL & 660' FWL
Sec 35 T20S, R28E

5. Lease Serial No.
NM 82992

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.
Burton Flat Deep Unit 9

8. Well Name and No.
30-015-20960

9. API Well No.
Burton Flat

10. Field and Pool, or Exploratory
Eddy NM

12. County or Parish 13. State

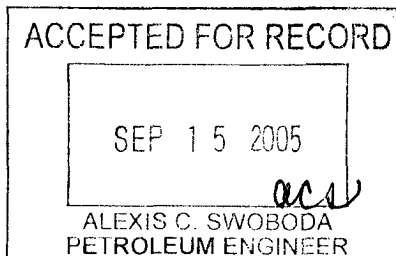
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other Drilling Operations
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work and approximate duration thereof. If the proposal deepens directionally or recompletes horizontally, give subsurface location and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirement, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection)

08/22/05 MIRU.
08/23/05 Tag CIBP @ 9460' - Ld & tst annulus to 1000# - ok.
08/24/05 Drill out CIBP @ 9460'.
08/26/05 RIH perf Wolfcamp @ 9494-9515; 9458-9474'; 9415-9418'; 9406-9410'; 9335-9340'; 9304-9310'; 9282-9296'; (3SPF) 207 holes. No pressure resps after perforation. Swab.
08/29/05 Acidize Wolfcamp 9282-9418' w/1000 gals of HCL acid, carrying 350 balls slrs. Swab.
09/01/05 Swab
9/5/2005 Wolfcamp perms determined "non-commercial" after acidizing.
09/06/05 Ld tbq w/fw - rls pkr & TOH/ L/D pkr. W/L et 7" CIBP @ 9182' - Dmp 35' cmt on top of CIBP. New PBTD @ 9147'. TOH w/tbg.

Attempted to recomplete, no economic reserves.



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

Signed _____ Name Stephanie A. Ysasaga
Title Senior Engineering Technician Date 9/12/2005

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

*See Instruction on Reverse Side