

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 or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals

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

SUBMIT IN TRIPLICATE

RECEIVED

SEP 14 2005

CDU-ARTERIA

1a. Type of Well	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> Other
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP			
3. Address and Telephone No. P. O. Box 250, Artesia, NM 88210 505-748-3371			
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Section 24-22S-30E 1980' FSL, 330' FEL			

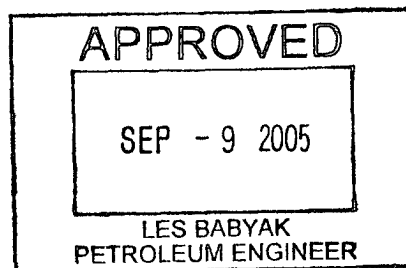
5. Lease Serial No. NMNM89051
6. If Indian, Allottee or Tribe Name
7. Unit or CA Agreement Name and No.
8. Well Name and No. Apache 24 Federal #3
9. API Well No. 30-015-33080
10. Field and Pool, or Exploratory Quahada Ridge Southeast
12. County or Parish 13. State Eddy NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Install Lact
	<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 deepen directionally or recomplete

We respectfully request your permission to install a Lact Unit on this lease. Lact unit on this lease to load trucks.



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

Signed Adrienne Verkler

Name Adrienne Verkler
Title Field Tech II

Date Sept. 1, 2005

(This space for Federal or State Office use)

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

Note to O.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