

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.

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, Oklahoma City, OK 73102 405-552-8198

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
**Unit K, NESW 2310 FSL 1750 FWL
Sec 4 T18S R27E**

5. Lease Serial No.
LC 070937

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

Nm 71064 X **Dr**

8. Well Name and No.

West Red Lake Unit 49

9. API Well No.

30-015-28286

10. Field and Pool, or Exploratory

RED LAKE; GLORIETA YESO, NE

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 checked="" 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 type="checkbox"/> Other _____ |
| | <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)

Devon Energy Production Company, LP respectfully requests to deepen to the Yeso per the following procedure.

1. MIRU. Workover rig.
2. ND wellhead. NU BOP.
3. Release packer and set at 1650'.
4. TOH & LD tubing.
5. PU 4 3/4" mill tooth bit and TIH with assembly.
6. RU air package. Using air mist, clean out sand fill to 2272'. Drill out FC @ 2272', shoe joint, FS, & TOH.
7. Deepen well from 2329' to 3500' using air mist (8.8# cut brine).
8. Run open-hole logs.
9. TIH with inflatable open-hole packer assembly and tubing. Set packer across pay zones determined from OH logs.
10. Acidize Yeso per recommendation.
11. RIH with tubing/packer and set at 2280'.
12. RIH with rods and pump. Hang well on.

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

Signed 

Name **Norvella Adams**
Title **Sr. Staff Engineering Technician**

Date **5/14/2007**

(This space for Federal or State Office use)

Approved by **/s/ DAVID R. GLASS**

Title **PETROLEUM ENGINEER**

Date **MAY 21 2007**

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, malicious or fraudulent statements or representations to any matter within its jurisdiction.

*See Instruction on Reverse Side