

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

FORM APPROVED
OMB NO. 1004-0135
EXPIRES: March 31, 2007

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 405-235-3611

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
660 FNL 660 FEL A SEC 27 T23S R31E *

5. Lease Serial No.

NM-0418220-A

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No

8. Well Name and No.

Todd 27A Federal 1

9. API Well No.

30-015-35515

10. Field and Pool, or Exploratory

Ingle Wells; Delaware

11. County or Parish State

Eddy

NM

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"/> 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 type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Completion Report
	<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 Operation: Clearly state all pertinent details, including estimated starting date any proposed work and approximate duration thereof. If the proposal deepen directionally or recompleat 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 recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.

10/09/07 - 11/05/07 MIRU Key Well Service. NU BOP. DO DV tool @ 4477'. Test to 2000#, ok. PBTD @ 8302' KB. CHC. TIH w/ CBL TOC @ 3380'. DV Tool @ 4475'. Perf L. Brushy Canyon 8070-78' & 7964-69' @ 2 spf: total 26 holes. RD WL. ND BOP. Acidize w/ 2000 gals 7 1/2% NEFE acid w/ 40 BS. Frac w/ 80K gals Spectra Star 2500 gel, 3K# 100 mesh sd, 139,100# 20/40 sd, 24,140# 16/30 Siber Prop sd. FL w/ 10# linear gel. Pump 220 gals Technihib 756. PBTD @ 8296'. RU Schlumberger perf Brushy Canyon 7903-10' @ 2 spf: total 14 holes. RD WL. Set RBP @ 7590' & test to 2000#, ok. RU BJ & test lines to 6000#. Acidize Brushy Canyon perfs 7903-10' w/ 1500 gals 7 1/2% Pentol acid & 20 BS. Flush w/ KCL wtr. Reset pkr @ 7823'. ND BOP. NU WH. Swab perfs. RU BJ & frac w/ 15,495 gals Spectra Star 2500 gel, 10K# 20/40 sd, 8K# 16/30 Siberprop sd & FL w/ gel wtr. Pump 110 gals Technihib 756. Note: 4K# Siberprop not pumped at end of job (mechanical problem). RD BJ. RU PU. NU BOP. POP.

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

Name _____
Signed  Name **Judy A. Barnett**
Title **Regulatory Analyst**

Date 1/29/2008

Approved by _____ Title _____

Date **FEB 08 2008**

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office _____

True to 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

**RAILROAD COMMISSION OF TEXAS
OIL AND GAS DIVISION**

Form W-12
(1-1-71)

INCLINATION REPORT (One Copy Must Be Filed With Each Completion Report.)		6. RRC District
1. FIELD NAME (as per RRC Records or Wildcat)	2. LEASE NAME <i>Todd 27 A Fed</i>	7. RRC Lease Number. (Oil completions only)
3. OPERATOR <i>Devon Energy Corporation</i>		8. Well Number <i>#1</i>
4. ADDRESS <i>20 North Broadway Oklahoma City, Oklahoma 73102</i>		9. RRC Identification Number (Gas completions only)
5. LOCATION (Section, Block, and Survey)		10. County <i>Eddy</i>

RECORD OF INCLINATION

*11.-Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
121	1.21	.8	1.3960	1.69	1.69
275	1.54	.4	.6980	1.07	2.76
400	1.25	.3	.5235	.65	3.42
436	2.36	.5	.8725	2.06	5.48
857	2.21	.5	.8725	1.93	7.41
1228	3.71	1.8	3.1406	11.65	19.06
1706	4.78	1.2	2.0939	10.01	29.07
2213	5.07	.25	.4362	2.21	31.28
2713	5.00	1.5	2.6173	13.09	44.37
3213	5.00	.25	.4362	2.18	46.55
3713	5.00	.3	.5235	2.62	49.17
4238	5.25	1	1.7450	9.16	58.33
4854	6.16	2.4	4.1870	25.79	84.12
5200	3.46	2.6	4.5357	15.69	99.81
5549	3.49	2.2	3.8383	13.40	113.21
5867	3.18	2.5	4.3613	13.87	127.08

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? ☒ yes ☐ no
18. Accumulative total displacement of well bore at total depth of 7899 feet = 215.09 feet.
- *19. Inclination measurements were made in - ☐ Tubing ☐ Casing ☐ Open hole ☒ Drill Pipe
20. Distance from surface location of well to the nearest lease line _____ feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? _____
- (If the answer to the above question is "yes", attach written explanation of the circumstances.)

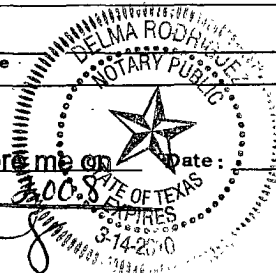
<p>INCLINATION DATA CERTIFICATION</p> <p>I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.</p> <p><i>Kirk Wade</i> Signature of Authorized Representative</p> <p><i>Kirk Wade, Drilling Manager</i> Name of Person and Title (type or print)</p> <p><i>J.B. Hunt Gas & Oil Drilling, LLC</i> Name of Company</p> <p>Telephone: <u>432</u> <u>362-3633</u> Area Code</p>	<p>OPERATOR CERTIFICATION</p> <p>I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.</p> <p>_____ Signature of Authorized Representative</p> <p>_____ Name of Person and Title (type or print)</p> <p>_____ Operator</p> <p>_____ Telephone: _____ Area Code _____</p>
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Railroad Commission Use Only:

Approved By: _____ Sworn to and subscribed before me on _____ Date: _____

* Designates items certified by company that conducted the inclination measurements.

Delma Rodriguez
Notary Public's Signature
My Commission Expires 3-14-10



RECORD OF INCLINATION (Continued from reverse side)

[illegible]

If additional space is needed, attach separate sheet and check here. ☐

REMARKS:

- INSTRUCTIONS -

An inclination survey made by persons or concerns approved by the Commission shall be filed on a form prescribed by the Commission for each well drilled or deepened with rotary tools or when, as a result of any operation, the course of the well is changed. No inclination survey is required on wells that are drilled and completed as dry holes that are plugged and abandoned. (Inclination surveys are required on re-entry of abandoned wells.) Inclination surveys must be made in accordance with the provisions of Statewide Rule 11.

This report shall be filed in the District Office of the Commission for the district in which the well is drilled; by attaching one copy to each appropriate completion for the well. (except Plugging Report)

The Commission may require the submittal of the original charts, graphs, or discs, resulting from the surveys.