

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

OCD-ARTESIA



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 _____ **FEB 28 2008**

2 Name of Operator **OCD-ARTESIA**
DEVON ENERGY PRODUCTION COMPANY, LP

3. Address and Telephone No
20 North Broadway, Oklahoma City, OK 73102-8260 405-552-8198

4 Location of Well (Report location clearly and in accordance with Federal requirements)*
2110 FNL 2310 FEL
G 3 18S 27E

5 Lease Serial No
NMLC-065478-B

6 If Indian, Allottee or Tribe Name

7 Unit or CA Agreement Name and No

8 Well Name and No
Falcon 3 G Federal

9 API Well No
30-015-35808

10 Field and Pool, or Exploratory
Yeso

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 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 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)

11/07/07 RIH with perforating gun and perforate from 3128'-4010', 43 - 0 40 EHD shots TIH with packer and tubing. Set packer at 3045' Test packer to 1500# - ok

11/08/07 Acidize Yeso perms with 3000 gallons 15% HCl acid Release packer and TOOH with packer and tubing ND BOP and NU Frac valve

11/09/07 Frac with 127,000 gallons 10# Brine + 15,500 # 100% Lite 14/30 Prop + 20,500# 100% 16/30 Siber Prop

11/12/07 ND Frac valve and NU BOP TIH with tubing and wash sand TOOH with tubing

11/13/07 TIH with rods and pump. Turn over to production

11/20/07 MIRU PU. POOH with rods and pump RIH with one joint of tubing open ended, 4" perf'd sub, SN and tubing RIH with pump and rods Load test - ok Turn back over to production.

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

Signed *Norvella Adams* Name Norvella Adams
Title Senior Staff Engineering Technician Date 12/28/2007

(This space for Federal or State Office use)

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

This is 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 official within its jurisdiction

*See Instruction on Reverse Side

