

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

SUBMIT IN TRIPLICATE

OCD-ARTESIA

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

OCT 15 2008

OCD-ARTESIA

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 73102-8260 405-552-8198

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
660 FSL & 1980 FEL Sec 6 T17S R29E, Unit O

5. Lease Serial No.
NMNM97875

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No

8. Well Name and No.
TNT 6 Fed Com 1

9. API Well No.
30-015-31712

10. Field and Pool, or Exploratory
Wolfcamp / 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 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 checked="" 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 approval to recomplete this well to the Wolfcamp and Yeso formations.

ACCEPTED FOR RECORD

1. MIRU. ND wellhead and NU BOP.
2. RIH and tag CIBP @ 7515'.
3. RIH and perforate from 7028'-7064'.
4. RIH and set packer at +/- 6930'. Acidize perfs with 1500 gallons 15% Hcl acid.
5. Swab test Wolfcamp. If test is favorable Acid Frac Wolfcamp down tubing per recommendation.
6. If tests are negative, set CIBP at 7000' with 35' cement cap. MIRU and perform squeeze job from 4306' - 3400'.
7. Set RBP at 4250' with 2 sacks sand dumped on top. Perforate Yeso from 3895'-4028'.
8. Set packer at +/- 3800'. Acidize Yeso perfs per recommendation. Release packer.
9. Frac Yeso per recommendation.
10. Hang well on production.

OCT 15 2008

Gerry Guye, Deputy Field Inspector
NMOCB District II ARTESIA

* Return well to production by 1/13/09, or submit plans for abandonment

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

Signed [Signature] Name Norvella Adams
Title Sr. Staff Engineering Technician

(This space for Federal or State Office use)

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

True 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

Date 9/6/2008

APPROVED

Date OCT 13 2008

JAMES A. AMOS
SUPERVISOR-EPS