

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

OCD-ARTESIA

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

Km

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	<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.	20 North Broadway, Oklahoma City, OK 73102-8260 405-552-8198		
4. Location of Well (Report location clearly and in accordance with Federal requirements)*	1900' FSL & 1650' FWL Unit K Sec 8 T18S R27E		

5. Lease Serial No.	NMLC070678-A
6. If Indian, Allottee or Tribe Name	
7. Unit or CA Agreement Name and No	
8. Well Name and No.	Hawk 8 K Federal 14
9. API Well No.	30-015-34336
10. Field and Pool, or Exploratory	Red Lake; Q-GB-San Andres
11. County or Parish State	Eddy NM

12. CHECK APPROPRIATE BOX(es) 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 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 checked="" 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 temporarily abandon the Yeso formation and recomplete the San Andres formation. We plan on commingling the two zones at a later time.

1. MIRU PU. TOH and LD rods and pump.
2. ND wellhead and NU BOP. POOH with tubing.
3. RIH and set composite plug at ~2,480'. Test CBP to 2000 psi.
4. MIRU and RIH with perforating gun. Perforate San Andres from 2015' - 2206'; 2 SPF, 0.38" holes
5. RIH with packer and set at 1950'. Acidize perfs with 5000 gallons 15% HCl. Unset packer. POOH with tubing and packer. ND BOP NU frac valve.
6. Frac perfs per recommendation.
7. RIH composite plug and set at ~1800'. Test CBP to 2000 psi. Perforate San Andres from 1516' - 1594'; 2 SPF, 0.38" holes.
8. Spearhead perfs with acid prior to frac. Frac San Andres per recommendation.
9. Flow well back. ND frac valve and NU BOP. RIH and tag CBP at ~1800'. Drill out/knock CBP to bottom. POOH.
10. RIH with tubing, rods, and pump. Hang well on production.
11. RDMO.

* Subject to like approval from state

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

Signed  Name Norvella Adams
Title Sr. Staff Engineering Technician

(This space for Federal or State Office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

APPROVED	
Date	5/20/2010
MAY 30 2010	
JAMES A. AMOS	
SUPERVISOR-EPS	

*See Instruction on Reverse Side