

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

OCD-HOBBS

FORM APPROVED  
OMB NO. 1004-0135  
EXPIRES: NOVEMBER 30, 2000

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APL) for such proposals

SUBMIT IN TRIPLICATE

1a. Type of Well	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> Other <u>SWD</u>
2. Name of Operator <b>DEVON ENERGY PRODUCTION COMPANY, LP</b>			
3. Address and Telephone No. <b>P. O. Box 250 - Artesia, NM 88211-0250 575-748-3371</b>			
4. Location of Well (Report location clearly and in accordance with Federal requirements)*  <b>Sec. 11, T23S, R31E, Unit H, 2180' FNL &amp; 660' FEL</b>			

5. Lease Serial No. <b>NMNM0404441</b>
6. If Indian, Allottee or Tribe Name
7. Unit or CA Agreement Name and No.
8. Well Name and No. <b>Barclay 11/Federal #1</b>
9. API Well No. <b>30-015-25419</b>
10. Field and Pool, or Exploratory <b>Livingston Ridge South; Delaware</b>
12. County or Parish 13. State <b>Eddy County NM</b>

CHECK APPROPRIATE BOX(es) 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 <u>MIT</u>
	<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 recompletes

Devon Energy Production Co. LP, respectfully submits the mechanical integrity test for this well. Test was conducted on November 5, 2010, well pressured up to ~~500~~ psi and held for 30 minutes as required.

520

RECEIVED  
DEC 07 2010  
NMOCD ARTESIA

Accepted for record  
NMOCD RT  
12/9/10

ACCEPTED FOR RECORD

DEC 7 2010  
/s/ JD Whitlock Jr

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

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

Signed Tracy A. Kidd

Name Tracy Kidd  
Title Production Foreman

Date 11/5/2010

(This space for Federal or State Office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any:

Dept of International Surgery, Inc. *11/1/54*  
General Offices *11/1/54*  
Bldg. 1000 *11/1/54*