



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

OCD-ARTE

S

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 (APD) for such proposals

SUBMIT IN TRIPLICATE

a. Type of Well ☒ Oil Well ☐ Gas Well ☐ Other _____

b. Name of Operator
DEVON ENERGY PRODUCTION COMPANY, LP

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

d. Location of Well (Report location clearly and in accordance with Federal requirements)*
**330 FSL 1500 FWL
SEC 8 T18S R27E, UNIT N**

5. Lease Serial No.	NM89156
6. If Indian, Allottee or Tribe Name	
7. Unit or CA Agreement Name and No.	
8. Well Name and No.	Hawk 8 N Federal 21
9. API Well No.	30-015-34964
10. Field and Pool, or Exploratory	Red Lake Glorieta-Yeso, NE
12. County or Parish 13. State	Eddy NM

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	

3. 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 hereby requests approval to recomplete to the Queen-Grayburg-San Andres per the following procedure:

1. MIRU PU. TOH with rods and pump. ND tree, NU BOP. TOH with tubing.
2. Pick up RBP and RIH on tubing. Set RBP at +/- 100' above top Yeso perf. TOH with tubing.
4. MIRU pump truck. Pressure test RBP and casing to 3000 psi. Pump 10' sand down casing.
5. RIH with 4" casing gun and perforate the San Andres w/ 40 holes from 1829'-2595'. TOH with wireline, RDMO same.
3. MIRU. Acidize & frac San Andres perfs.
7. Open well up and flow back frac load until well dies.
9. RIH with SN and set SN +/-15' below bottom perf.
10. RIH with pump and rods. Hang well on and put well to test to battery.

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

Signed Norvella Adams Name Norvella Adams Title Sr. Staff Engineering Technician Date 3/1/2007

(This space for Federal or State Office use)

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

Title 18 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 statement or representation to any matter within its jurisdiction.

*See Instruction on Reverse Side

