

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Oil Cons.  
N.M. DIV-Dist. 2  
1301 W. Grand Avenue  
Artesia, NM 88210

**FORM APPROVED**  
Budget Bureau No. 1004-0135  
Expires March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

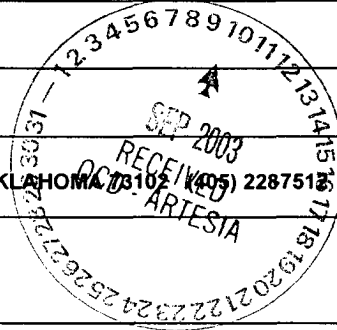
**SUBMIT IN TRIPLICATE**

1. 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, SUITE 1100, OKLAHOMA CITY, OKLAHOMA 73102 (405) 2287515**

4. Location of Well (Footage. Sec., T., R., M., or Survey Description)  
**330' FNL & 1750' FWL, Sec 11 T24S R29E**



5. Lease Designation and Serial No.  
**NMNM88134**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
**H B 11 Federal #5**

9. API Well No.  
**30-015-32741**

10. Field and Pool, or Exploratory Area  
**Undes Pierce Crossing; Bone Spring East**

11. County or Parish, State  
**Eddy, Nm**

**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"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Spud Sundry</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

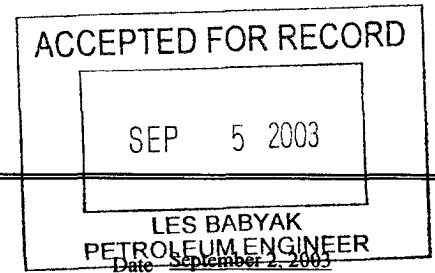
8/4/03 – Spud 17 1/2” Hole

8/16/03 – Ran 13jts 13 3/8”, 48#, H40 ST&C csg set @560’, cmt’d lead w/260 sx 35:65:6 Poz C & tail w/250 sx Class C, circ 100 sx to pit, WOC 14 1/2 hrs.

8/19/03 – Td’d 11” hole, ran 69 jts 8 5/8”, 32#, J55 LT&C set @3110’. Cmt’d lead w/600 sx 35:65:6 Poz C & tail w/300 sx 60:40 Poz C, circ 115 sx to pit WOC 19 1/2 hrs.

8/27/03 – Td’d 7 7/8” hole, logged, ran 185 jts 5 1/2”, J55 15.5# & 17# LT&C set @8497’

8/29/03 – Cmt’d w/650 sx 35:65:6 Poz C & tail w/500 sx 60:40:4 C, full returns thru out job, released rig.



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

Signed Karen Cottom Title Operations Technician

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any: