

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

OCD-ARTESIA

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

Do not use this form for proposals to drill or to re-enter an  
abandoned well. Use Form 3160-3 (APU) 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 _____	<b>FEB 11 2008</b>
2. Name of Operator <b>DEVON ENERGY PRODUCTION COMPANY, LP</b>	<b>OCD-ARTESIA</b>
3. Address and Telephone No. 20 North Broadway, Oklahoma City, OK 73102 405-235-3611	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* 660 FNL 1980 FEL SEC 27 T2S R31E *	

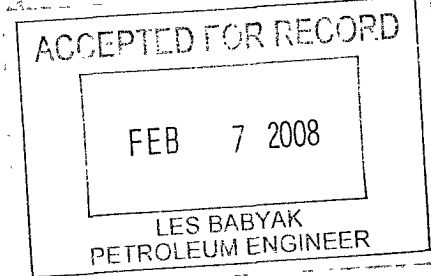
5. Lease Serial No. <b>NM-0418220-A</b>
6. If Indian, Allottee or Tribe Name
7. Unit or CA Agreement Name and No.
8. Well Name and No. <b>Todd 27C Federal 3</b>
9. API Well No. <b>30-015-35516</b>
10. Field and Pool, or Exploratory <b>Ingle Wells; Delaware</b>
11. County or Parish State <b>Eddy NM</b>

12. 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"/> 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 Completion Report
	<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 Operation. Clearly state all pertinent details, including estimated starting date any proposed work and approximate duration thereof. If the proposal deepen directionally or recomplete 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

11/15/07 - 11/30/07 RU PU. NU BOP. DV Tool @ 4516'. RIH w/ tbg. CHC w/ 2% KCL wtr. Test 1000#, good. ND BOP. NU Frac valve. RU WL & pulled CBL from 8465-6000'. RIH & perf 8062-69' & 7930-36' @ 2 spf: Total 26 holes. RD WL. RU BJ & acidize w/ 2K gals 7 1/2% HCL w/ 40 BS. Flush. Frac w/ 84,500 gals Spectra Star 2500 w/ 3K# 100 mesh white sd 146,000# 20/40 white sd & 27K# 16/30 Siberprop & flush w/ 182 bbls 10# Linear gel. RD BJ. ND Frac valve. NU BOP. RU WL RIH w/ guns & perf 7874-79' & 7884-89' @ 2 spf. Total 20 holes. RD WL. Set RBP @ 7915'. Pull pkr to 7808' & test to 2K#, good. Rise RBP & pkr. Swabbing. HWO. Well loaded up and pumping good. RD PU.



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

Name Signed Judy A. Barnett Name Title Judy A. Barnett Regulatory Analyst Date 1/29/2008

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

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Under 18 USC 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

Accepted for record - NMOC