

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

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 (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 N. Broadway, Oklahoma City, Ok 73102-8260 405-235-3611		
4. Location of Well (Report location clearly and in accordance with Federal requirements)*	150' FNL 2630' FEL Unit D B SEC 5 T23S R31E BHL: 330' FSL 1980 FWL PP: 198' FNL 2612' FEL		

5. Lease Serial No.	NM-81953
6. If Indian, Allottee or Tribe Name	
7. Unit or CA Agreement Name and No.	
8. Well Name and No.	North Pure Gold 5 Federal 3H
9. API Well No.	30-015-35892
10. Field and Pool, or Exploratory	Los Medanos; Delaware
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 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 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

1/12/08 - 2/15/08 MIRU Key Well Service #168. ND WH & NU BOP. TOL @ 7613'. CHC. Test csg to 4300#, ok. PBTD @ 12,445'. DO cmt to 12,549'. CHC w/ 2% KCL wtr. ND BOP. NU Frac valve & BOP. Perf Brushy Canyon 10,621-23', 11,228-30', 11,834-36' & 12,443-45' @ 5 spf: total 40 holes. RU BJ pump 500 g pickle acid & spot perfs w/ 1200 gals 7 1/2% NEFE acid. Test lines to 7000#. Acidize w/ 4000 gals 7 1/2% NEFE acid & 80 BS. Flush w/ KCL wtr. ND BOP & NU frac head. RU BJ & test to 5700#. Frac treat L. Brushy Canyon 10621-12445 w/ 293,370 g Spectra Star 2800 Gel, 12,170# 100 mesh sd & 315,815# 20/40 white sd (out of 370,750#) & FL w/ 13,994 g gel. RD frac crew. CHC. Frac treat again L. Brushy Canyon 10621-12445 w/ 230 g Spectra Star 2800 Gel 260K# 20/40 white sd & 111K# 16/30 Siberprop sd. FI w/ 13,998 g gel. RD frac crew. ND frac head. NU BOP. RU Baker Atlas WL & BJ PT. Perf Brushy Canyon 8097-99', 8777-79', 9406-08' & 10,013-15' @ 5 spf: total 40 shots. RU BJ & spot 1300 g 7 1/2% NEFE acid. Test to 8000#. Acidize w/ 4100 g 7 1/2% NEFE acid & 80 BS. FL w/ KCL wtr. ND BOP. NU frac head. RU BJ & pump a total of 4982 g Spectra Star 2800 gel 400# 100 mesh sd & 18,500 g KCL wtr. Test to 5800#. Frac w/ 313,572 g Spectra Star 2800 gel, 12,603# 100 mesh sd, 350,111# 20/40 white sd & 107,957# 16/30 Siberprop sd. FI w/ 12,054 g 10# gel. RD frac crew. CHC. TIH w/ sub pump & set @ 7362.86' KB. Clean location. Rlsd rig. POP.

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

Signed _____ Name Judy A. Barnett X8699
Title Regulatory Analyst Date 3/12/2008

(This space for Federal or State Office use)

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

True to 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 statements or representations to any matter within its jurisdiction

*See Instruction on Reverse Side

Accepted for record
NMOCB