

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 (APL) for such proposals

SUBMIT IN TRIPLICATE

1a. Type of Well ☐ Oil Well ☒ Gas Well ☐ 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)*
660' FSL 1310' FEL P SEC 9 T23S R31E
BHL: 660 FNL & 1310 FEL PP:869 FSL & 1310 FEL

5. Lease Serial No.
NM-77046

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

8. Well Name and No.
North Pure Gold 9 Federal 18H

9. API Well No.
30-015-37616

10. Field and Pool, or Exploratory
Upper Penn Shale

11. County or Parish State
Eddy NM

12. 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 type="checkbox"/> Recomplete	<input checked="" 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	

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 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, L. P. requests permission to make the following changes:

BOP Testing:

BOP DESIGN: Will consist of a (10M system) triple ram type (10M psi WP) preventer and a bag-type (Hydri) preventer (10M psi WP) and a rotation head. All units will be hydraulically operated and the ram type preventer will be equipped with blind rams on top and 5" drill pipe rams on bottom. A 3M Annular BOP will be installed on the 20" surface casing and tested as a 2000 psi BOP. The 20" annular will be utilized continuously until total depth (~4200') is reached and 13 3/8" casing has been set. The mentioned 10M preventer will be installed on the 13 3/8" casing and will be tested as a 3000 psi BOP. The BOP testing, when the 9 5/8" casing has been set; will be tested as a 10M psi BOP. All BOP's will be tested with independent testers before drilling out the associated casing shoes. Prior to drilling out the 13 3/8" casing shoe, the BOP's and Hydri will be tested as per BLM Drilling Operations Order #2.

Pipe rams will be operated and checked each 24-hour period and each time the drill pipe is out of the hole. These functional tests will be documented on the daily driller's log. A 2" kill line and 3" choke line will be incorporated in the drilling spool below the ram-type BOP. Other accessory BOP equipment will include a Kelly cock, floor safety valve, choke lines and choke manifold having 10000 psi WP rating.

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

Signed [Signature] Name Judy A. Barnett Title Regulatory Analyst Date 1/7/2011

(This space for Federal or State Office use)

Approved by [Signature] Title 1/s/ Dustin Winkler Date _____

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 statements or representations to any matter within its jurisdiction

*See Instruction on Reverse Side

