Form 3160-5 (August 2007)

OCD-ARTESIA UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010

5. Lease Serial No. NM-NM0405444-A

į			
į	6 If Indian	Allottee or	Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an

abandoned well. Use Form 3160-3 (APD) for such proposals. 7. If Unit of CA/Agreement, Name and/or No. SUBMIT IN TRIPLICATE - Other instructions on page 2. 1. Type of Well 8. Well Name and No. TODD 26 F FEDERAL #3 Oil Well Gas Well Other Salt Water Disposal 9. API Well No. 2. Name of Operator
DEVON ENERGY PRODUCTION LP 30-015-20302 3b. Phone No. (include area code) 10. Field and Pool or Exploratory Area 3a. Address SWD: DELAWARE PO BOX 250, ARTESIA, NM 88211 575-748-3371 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 11. Country or Parish, State **EDDY** 1980' FNL & 1980' FWL, UNIT F, SEC 26, T23S, R31E 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Water Shut-Off Production (Start/Resume) Acidize Deepen Notice of Intent Well Integrity Fracture Treat Reclamation Alter Casing New Construction Other Casing Repair Recomplete Subsequent Report Repair casing leak Plug and Abandon Change Plans Temporarily Abandon Final Abandonment Notice Convert to Injection Plug Back Water Disposal 13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.) MIRU PU, ND Wellhead, NU BOP. Unset packer, POOH with tubing and packer. RIH with RBP and tubing. Set RBP at 4150 +/-. Circulate fresh water back to surface. POOH with tubing. ND BOP. Cut off 8 5/8" casing just below wellhead. Weld plate back to 4 1/2" casing. Cut off 4 1/2" casing just below hole at 2 feet. Weld on 4 1/2" bell nipple and retest casing to 500 psi. If 4 1/2" casing tests okay, NU wellhead and install BOP. RIH with tubing and retrieve RBP. POOH with tubing and RBP. PU 4 1/2" packer and RIH with packer and tubing. Circulate packer fluid and retest 4 1/2" casing to 500 psi for MIT Put well back on injection. * Notify NMOCD to witness MIT. SEE ATTACHED FOR CONDITIONS OF APPROVAL 14. I hereby certify that the foregoing is true and correct. Name (Printed/Type Jerry Mathews; 575-748-0161 Title Completions Foreman Date 1/21/2011 Signature THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved by 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 Office entitle the applicant to conduct operations thereon. Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

Conditions of Approval

Todd 26 Federal #3 30-015-20302 Devon Energy Production January 26, 2011

- 1. Surface disturbance beyond the originally approved pad must have prior approval.
- 2. Closed loop system required.
- 3. Operator has been reporting a maximum injection pressure of 1257 psi during 2010 to NMOCD when the well was injecting. Prior to releasing RBP at 4150' +/-, the casing shall be tested to 1200 psi for 30 minutes. Pressure test to be performed by an independent tester and charted. Contact BLM (Paul Swartz 575-200-7902) a minimum of 24 hours prior for witness of test.
- 4. If any other casing leaks are found down hole the BLM is to be notified by submitting a Sundry Notice of Intent. All casing repair requires prior approval from the Authorized Officer.
- 5. If there is no other casing leaks found. Conduct a Mechanical Integrity Test of at least 500psig for 30 minutes on the injection tbg/csg annulus of the well. The test pressure should have at least 200psig differential with tubing pressure but no more than casing test pressure as described by Onshore Order 2.III.B.1.h. (The tubing pressure may need to be reduced). Document the MIT test on a calibrated recording chart registering 25 to 85 per cent of its full range. Notify Paul R. Swartz at 575.200.7902 at least 24 hours before the test. If there is no response, notify the BLM on call drilling phone, 575.361.2822. Submit the recorded MIT chart with a subsequent Sundry Form 3160-005 relating the MIT activity. Include the original and three copies of the recorded chart and Sundry

A wellhead bradenhead test will be conducted during the MIT. Each casing annulus must be open to the atmosphere for observation before and during the test.

Submit documentation of the maximum tubing injection pressure allowed by NMOCD. Compliance with this injection pressure is required. Display real time tubing pressure values onsite. A bourdon tube gauge registering 25 to 85 per cent of its full range is acceptable. Within 24 hours, report injection pressure observed above the NMOCD maximum. Should wellhead injection pressure reach 50psig below this maximum, install automation equipment that will prevent exceeding that maximum.

Submit a subsequent report (Sundry Form 3160-5) describing the installed automation equipment. Report any other unexplained significant variations of rate or pressure.

Should the casing/tubing annulus exhibit communication with injection fluid, a tubing or packer failure is probable. Monitor the annulus. The use of automation equipment that will monitor and alarm is encouraged for any well, and is necessary when tubing or casing competence is questionable.

Maintain the annulus full of packer fluid and be able to verify that fluid level to a BLM inspector at any time. Report a significant (5bbl/mth) loss of packer fluid. Should tubing or casing failure be detected, cease injection and reduce the annular pressure to 0psig. Notify Paul R. Swartz at 575.200.7902 within 24 hours. If there is no response, notify the BLM on call drilling phone, 575.361.2822. Also submit to this office on a notice of intent (Sundry Form 3160-5) for approval by BLM and NMOCD a plan of correction and the anticipated date of repair. After the repairs submit a subsequent report (Sundry Form 3160-5) describing the repair(s) and a BLM witnessed Mechanical Integrity Test chart. Include the date(s) of the well work, descriptions of tubing, on/off equipment, profile nipple installation, and packer setting depth.

- 6. Work to be completed in 90 days
- 7. Subsequent sundry describing work done required

EGF 012111



New Mexico Energy, Minerals and Natural Resources Department

Bill Richardson

Governor

Jim Noel Cabinet Secretary

Karen W. Garcia **Deputy Cabinet Secretary** Mark Fesmire Division Director Oil Conservation Division



Response Required - Deadline Enclosed

Underground Injection Control Program "Protecting Our Underground Sources of Drinking Water" Mailed: 10/21/2010

21-Oct-10

DEVON ENERGY PRODUCTION COMPANY, LP PO Box 250 ARTESIA NM 88210

LETTER OF VIOLATION and SHUT-IN DIRECTIVE **Failed Mechanical Integrity Test**

Dear Operator:

The following test(s) were performed on the listed dates on the following well(s) shown below in the test detail section,

The test(s) indicates that the well or wells failed to meet mechanical integrity standards of the New Mexico Oil Conservation Division. To comply with guidelines established by the U.S. Environmental Protection Agency, the well(s) must be shut-in immediately until it is successfully repaired. The test detail section which follows indicates preliminary findings and/or probable causes of the failure. This determination is based on a test of your well or facility by an inspector employed by the Oil Conservation Division. Additional testing during the repair operation may be necessary to properly identify the nature of the well failure.

Please notify the proper district office of the Division at least 48 hours prior to the date and time that the well(s) will be retested so the test may be witnessed by a field representative.

MECHANICAL INTEGRITY TEST DETAIL SECTION

TODD 26 F FEDERAL No.003

30-015-20302-00-00

Active Salt Water Disposal Well

F-26-23S-31E

Test Date:

10/18/2010

Permitted Injection PSI:

Actual PSI:

1050

Test Reason:

5-year Test

Test Result:

Repair Due:

1/21/2011

Std. Annulus Pres. Test

FAIL TYPE: Other Internal Failure

FAIL CAUSE:

Comments on MIT: Pressured up to 550 and casing blew.

30-015-20341-00-00

TODD 36 STATE No.001

Active Salt Water Disposal Well

F-36-23S-31E 320

Test Date: Test Reason: 10/18/2010 5-year Test Permitted Injection PSI: Test Result: F

Actual PSI: Repair Due:

1/21/2011

Test Type:

Std. Annulus Pres. Test

FAIL TYPE: Other Internal Failure

FAIL CAUSE:

Comments on MIT:

Well will not hold pressure.

Oil Conservation Division

1301 W. Grand Avenue · Artesia, New Mexico 88210 Phone (575) 748-1283 • Fax (575) 748-9720 • www.emnrd.state.nm.us/OCD



(11	RGY COL			[[]	r- 1	2 11/1	COUNTY:	Edd	مام	STATE:	N es
DATE(S): ///2 DEC REP:		MAN MAIN		// 26 TYPE OPER:		3 MII	- -	PBTD:	<u> </u>		17 . 8. 1
CONTRACTOR:	<u> </u>	<u> </u>		LL SE	\	GL TO RE			K.B. CORRECT		
ZONE(S):		- FT 1-	PUC			 SITP:			SICP:	1	HR
:						SITP:	 		SICP:	1	HR
ACTIVITY at REP	ORT TIME	P	PEP	TO 0	PUT-0	FF 4	21/2" &	WELI	DON	BELL N	1°PPL
		· · · · · · · · · · · · · · · · · · ·		•	DESCRIPTION						
0600	-070	0	Ro	Ad 8	REW	TO 2	LOCA	TION	,		
0700-		_	PU	ANd A	PAN 4	00'1	IN PO	E OUT	SidE a	4/2"	
0930-		ク .	RU	B.T.S	ERV.	and.	Pumi	_	0 5X		
<u> </u>	-1		111		ppo		VIEL		/, 32		
			D - a	L			CIRC		1		
1100-	1520		TOU	IEN!	[] [[] [] [] [] [] [] [] [] [] [] [] []	0.00	CITTE	112171			
			104	- W		//-	- 70.				
1230-			WA	IT ON	CEM		TRUC				
1330-1			KH	11/1	ANd	TAG	a 3	8			
1400-1	1530	1	RU	BI	AND	Pum	P25	5XC	<u>r. c</u>	a)	75/57
			14.	8 PP C	/1 e	YIE	20	1.32	- CEN	MENT TO	2 SU
1530-1	630		ROA	d C	REW	70	4045.	5		·	
	•	DESCRIBE:						TYPE FAILU	DE.		
IF SUBSURFACE								ITELAILU	FAILURE DEI	DTU.	
FAILED EQUI	ARRIEKE:				· · · · · · · · · · · · · · · · · · ·	TYPE TEST:	•		_ AILONE DE		
	-								T	CTDOVE I	
FAILED EQUI	-	PUMP	CHOKE	TUBING	CASING	OH	I WATER	GAS	1 111111		STROK
FAILED EQUI	-	PUMP Size	CHOKE SIZE	TUBING PRESS.	CASING PRESS.	OIL BBLS	WATER BBLS	GAS NICFD	LINE PRESS.	STROKE LENGTH	STROK (WIN.
FAILED EQUI CAUSE OF FA PRODUCTION T	EST:						1		1		

DATE(S): ///25/	Y CORPORA 63 WELL HAT	ne. //	500 6	26 FE	03	COUNTY:	Esc	24	STATE:	NI
DEC REP: Syst			<i>200 o</i> Type oper:	11			PBTE	7	TD:	
CONTRACTOR:	REAL			COOKK RVIČIZ	CO <i>UE</i>		FD1L	K.B. CORREC		
ZONE(S):	181=190				02 70 SITP: -		RS.	SICP:		
					SITP:	·····	RS.	SICP:	1	
ACTIVITY at REPOR	T TIME	Open	70		01 Z E					
				DESCRIPTION		IVITIES				
0605-157	05 /	SAN	CREW	78	Lory	ATION				
(57(Y) /(Y	Y) - C	15 3	FF 4	15"/	15/NG	E CIE	111	24 BE	-11. Nu	יצמג כ
1000-1101	1- N/	1 RI	PE	7=57	- 4L	11 CHE	ino	78 SA	17-0	200
1/40 //	W ~ ()	· ~~		!	/	Donn	7 7 Tal		<u> </u>	
1100-120		1717 C	5N E		9.40	PROD.	00	, , ; ,	0	
1200- 19	100 K/	<u> </u>	<u> </u>	_S1911	10 7	KOM 1	K BI		TELEA	5_
	ا ع	20H	<u>- S</u>	1FN	E 6	EEKE	10			
	-	•		*			<u> </u>			
	· · · · · · · · · · · · · · · · · · ·	·	· · · · · · · · · · · · · · · · · · ·					,		
										
		į								
**					·					
IF SUBSURFACE FA										
	CRIT.						TYPE FAIL	URE:		
FAILED EQUIPME	CIU :									
FAILED EQUIPME CAUSE OF FAILU								FAILURE DE	PTH:	
	IRE:				TYPE TEST:			FAILURE DE	PTH:	
CAUSE OF FAILU PRODUCTION TEST	ORE: : PUMP	СНОКЕ	TUBING	CASING	TYPE TEST:	WATER	GAS	LINE	STROKE	ST
CAUSE OF FAILU	JRE:			•	TYPE TEST:		GAS MCFD	LINE		
CAUSE OF FAILU PRODUCTION TEST	ORE: : PUMP	СНОКЕ	TUBING	CASING	TYPE TEST:	WATER		LINE PRESS.	STROKE	
CAUSE OF FAILU PRODUCTION TEST	ORE: : PUMP	СНОКЕ	TUBING	CASING	TYPE TEST:	WATER		LINE	STROKE	ST