

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Oil Cons.  
M. DIV-Dist. 2  
1301 W. Grand Avenue  
Artesia, NM 86210  
BON APPROVED  
Budget Bureau No. 1004-0135  
March 31, 1993  
CISF

**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

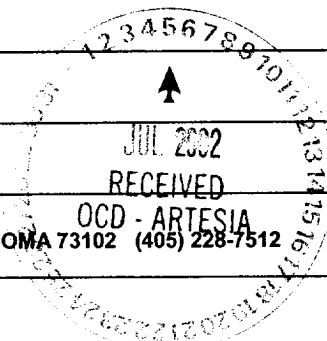
**SUBMIT IN TRIPLICATE**

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) 228-7512**

4. Location of Well (Footage. Sec., T., R., M., or Survey Description)  
**770' FSL & 990' FEL, Section. 9-18S-27E, Unit "P"**



5. Lease Designation and Serial No.	LC-065478-B
6. If Indian, Allottee or Tribe Name	
7. If Unit or CA, Agreement Designation	
8. Well Name and No.	Hawk 9 P Federal # 19
9. API Well No.	30-015-29517
10. Field and Pool, or Exploratory Area	Red Lake (Q-GB-SA) & Glor-Yeso
11. County or Parish, State	Eddy County, NM

**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 checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans	
<input 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 type="checkbox"/> Other _____	<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.)\*

On 12/15/01 MIRU pooh w/rods & tbg, set CIBP @ 1605'.  
 On 12/16/01 Circulate packer fluid, ran 15 minute MIT to 500 psi, chart attached.  
 Request TA status.

TA Approved For 12 Month Period  
 Ending 12/16/02

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

Signed Karen Cotton

Karen A. Cottom  
 Title Engineering Technician

Date May 6, 2002

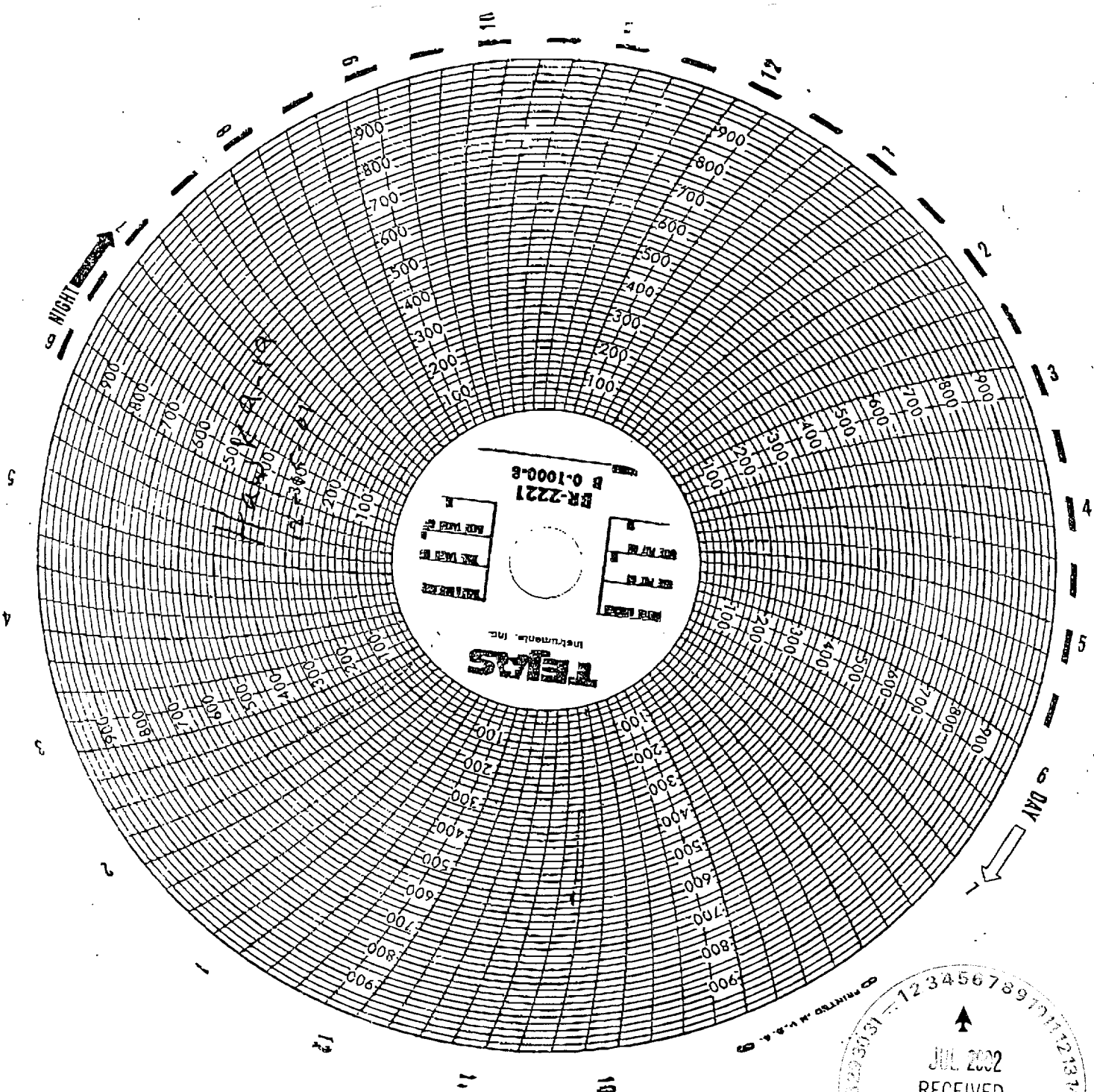
(This space for Federal or State office use)  
**(ORIG. SGD.) JOE G. LARA**

Title Petroleum Engineer

Date 7/3/02

Approved by \_\_\_\_\_  
 Conditions of approval, if any:

Accepted for record - NMOCD



12 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

JUL 20 1952  
 RECEIVED  
 OCD - ARTESIA