Form 3160-5 (August 1999)

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## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

1625 N. French Drive Hobbs, RM 88240 FORM APROVED OMB NO. 1004-0135 EXPIRES: NOVEMBER 30, 2000

| SUNDRY NOTICES AND REPORTS ON WELLS   |  |  |                         | E 1 C-   | 2-111-             |              |
|---|--|--|-------------------------|--|--------------------|--------------|
| Do not use this form for proposals to drill or to re-enter an   |  |  |                         | 5. Lease Serial No.  NM-LC062391  6. If Indian, Allottee or Tribe Name |                    |              |
| abandoned well. Use Form 3160-3 (APD) for such proposals  SUBMIT IN TRIPLICATE  |  |  |                         | 6. If Indian, A  | Viottee or Tribe 1 | Name         |
|   |  |  |                         | 7. Unit or CA Agreement Name and No.                                   |                    |              |
| 1a. Type of Well  Oil Well Gas Well Other   |  |  |                         | 8 Well Name  | e and No           |              |
| 2. Name of Operator   |  |  |                         | Kachina 5 Federal 7  |                    |              |
| DEVON ENERGY PRODUCTION COMPANY, LP   |  |  |                         | 9. API Well No.  |                    |              |
| 3. Address and Telephone No.  |  |  |                         | 30-025-32400   |                    |              |
| 20 North Broadway, Ste 1500, Oklahoma City, OK 73102 405-552-8198  4. Location of Well (Report location clearly and in accordance with Federal requirements)*   |  |  |                         | 10. Field and Pool, or Exploratory                                     |                    |              |
| 2310' FNL & 990' FWL, SWNW  |  |  |                         | South Corbin (Bone Spring)  12. County or Parish 13. State             |                    |              |
| Sec 5-T18S-R33E   |  |  |                         | Lea NM   |                    |              |
| CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT TYPE OS SUBMISSION TYPE OF ACTION   |  |  |                         | , OR OTHER DATA  |                    |              |
|   |  | <b>7</b>                                   |                         |  |                    |              |
| ✓ Notice of Intent  | ☐ Acidize☐ Alter Casing  | ☐ Deepen☐ Fracture Treat☐                  | ☐ Production☐ Reclamati | n (Start/Resur<br>on   | · =                | ter Shut-Off |
| Subsequent Report   |  |  |                         | <u>=                                    </u>                           |                    | <b>-</b> '   |
|   |  |  |                         | rily Abandon   |                    |              |
| leepen 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 he Bond No. on file with BLMBMLR. Required subsequent reports shall be filed with 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 electricated that the site is ready for final inspection).  A sundry to abandon the existing Bone Spring completion and recomplete this well in an upper Bone Spring interval was approved on 1/14/04. Prior to abandoning the existing perfs the well was acidized and production was reestablished. The production has since fallen and is now inneconomic.  Devon again requests approval to abandon the current Bone Spring interval at 9266' - 9365' and recomplete in the Bone Spring at 9106' - 9130' as follows:  MIRU PU. Kill well w/ 2% KCI. ND tree & NU BOP. TOH w/ 2 7/8" tbg.  2. RU WL. Make gauge ring run to 9,240'. RIH w/ 5 1/2" CIBP & set @ 9,240'. Dump bail 35' cmt on top.  3. RIH W/ casing gun and perforate Bone Spring at 2 SPF from 9,106' - 9,116', & 9,126' - 9,130' (24 shots).  3. RIH w/ 2 7/8" tubing & 5 1/2" production packer. Set packer @ +/- 9,056'. Swab test Bone Spring perforations.  3. If swab test of Bone Spring is favorable, then RU BJ Services and acidize perforations if necessary per BJ recommendation. Swab/flow back load water is acid. Pull 2 7/8" production tubing and packer.  4. **Apereby certify that type-foregoing/15 true and correct* |  |  |                         |  |                    |              |
| igned Q   | Name<br>Title  | Norvella Adams<br>Sr. Staff Engineering Te |                         | Date   | 10/12/20           | 005          |
| pproved by onditions of approval, if any:   | in the state of th | Troielm Engil                              | veer<br>———             | Date   | OCT 14             | 4 2005       |
|   |  |  |                         |  |                    |              |

\*See Instruction on Reverse Side

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