

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

OCD-HOBBS

FORM APPROVED
OMB NO. 1004-0135
EXPIRES: NOVEMBER 30, 2000

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 ☒ Oil Well ☐ Gas Well ☐ Other _____

2. Name of Operator
DEVON ENERGY PRODUCTION COMPANY, LP

3. Address and Telephone No.
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)*
**330' FSL & 660' FWL
SEC 12-T18S-R32E, Unit M**

5. Lease Serial No. NM-22085
6. If Indian, Allottee or Tribe Name
7. Unit or CA Agreement Name and No.
8. Well Name and No. Corrienta 12 Federal 2
9. API Well No. 30-025-31052
10. Field and Pool, or Exploratory West Corbin Delaware
12. County or Parish 13. State Lea 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 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 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 checked="" 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)

This well is currently shut in. Devon Energy Production Company, LP respectfully requests approval to abandon the existing Grayburg perms and test the Yates at 2838'-2850'.

1. MIRU PU. Check well for pressure and bleed off if necessary. POH with rods and tubing.
2. RIH with CIBP & set at ~ 4915'. Dump bail 35' cement on top.
3. RIH w/ casing gun and perforate Yates at 3 SPF from 2838'-2850' (36 shots).
4. RIH w/ 2 7/8" tubing & 5 1/2" production packer. Set packer @ +/- 2,800'. Swab test Yates perforations.

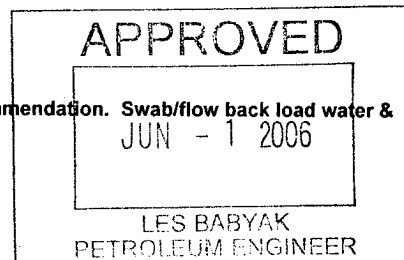
5. If swab test of Yates is favorable, then RU BJ Services and acidize perforations if necessary per BJ recommendation. Swab/flow back load water & acid.

6. If favorable results are seen, RU BJ Services and frac Yates down 2 7/8" tubing per BJ recommendation.

7. Release packer and lower tubing 200' to check for fill. POH with tubing and packer.

8. RIH with rods and tubing and place well on production

APPROVED FOR 3 MONTH PERIOD
ENDING 9/1/06



WELL HAS NOT PRODUCED SINCE 10/04

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

Signed Norvella Adams Name Norvella Adams
Title Sr. Staff Engineering Technician Date 5/24/2006

This space for Federal or State Office use)

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

The 16 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

GWW



Submit to Appropriate
District Office
State Leases - 4 copies
Fee Leases - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

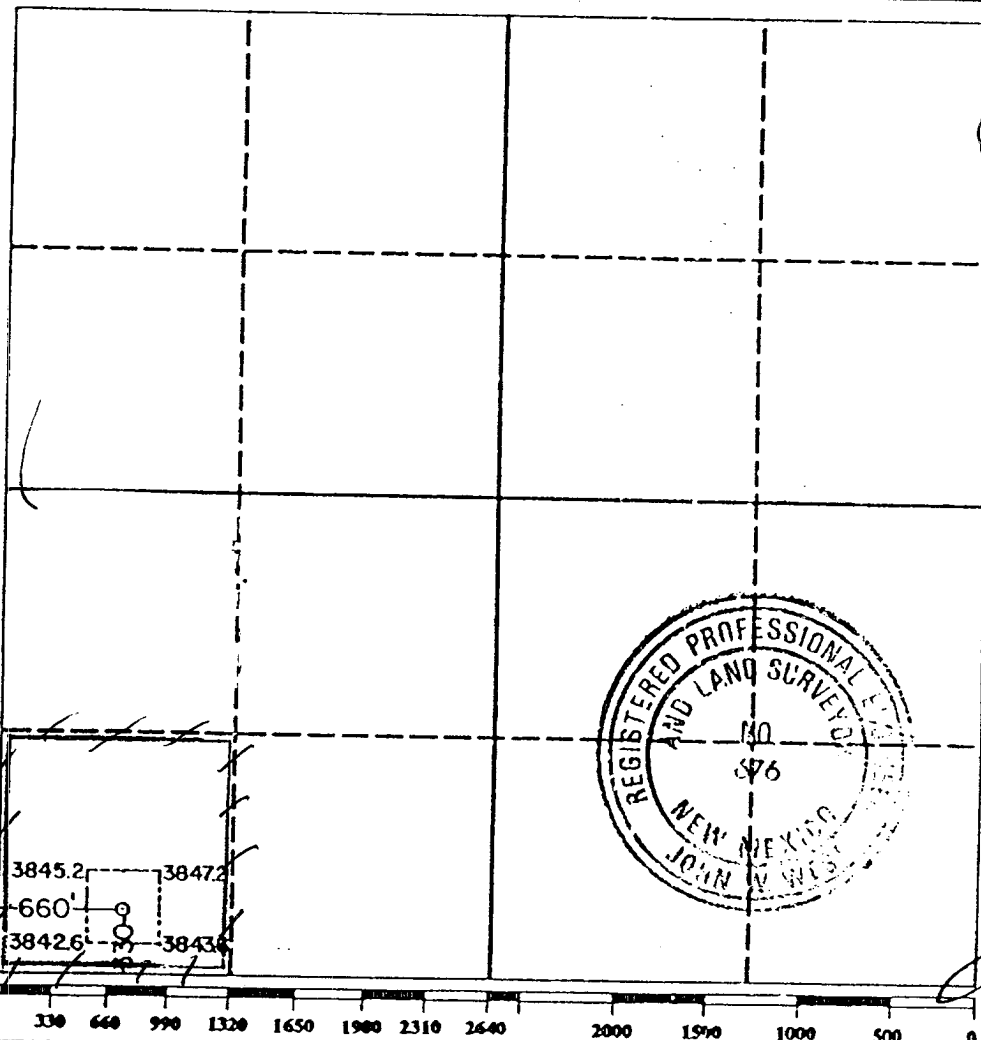
All Distances must be from the outer boundaries of the section

Operator Devon Energy Production Company, LP			Lease Corrienta 12 Federal		Well No.
Unit Letter M	Section 12	Township 18 South	Range 32 East	County NMPM	lea
Actual Footage Location of Well: 330 feet from the South line and 660 feet from the West line					
Ground level Elev. 3847.1	Producing Formation Yates	Pool West Corbin	Dedicated Acreage: 40 Acres		

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☒ No If answer is "yes" type of consolidation: _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, force-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature

Norvella Adams

Printed Name

Sr. Staff Eng. Tech.

Position

Devon Energy Production Co.
Company

May 24, 2006

Date

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

September 24, 1990

Signature & Seal of
Professional Surveyor

Certificate No.

JOHN W. WEST,

676

RONALD J. EIDSON,

3239