

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)*
Sec 24 T23S R35E SENW 1938 FNL 2157 FWL, Unit F

| | |
|--------------------------------------|-----------------------------|
| 5. Lease Serial No. | NMNM97158 |
| 6. If Indian, Allottee or Tribe Name | |
| 7. Unit or CA Agreement Name and No. | |
| 8. Well Name and No. | Flintstone Federal 1 |
| 9. API Well No. | 30-025-34253 |
| 10. Field and Pool, or Exploratory | Wildcat; Wolfcamp |
| 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 checked="" 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 Off Lease Measurement |
| | <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. respectfully requests approval for off lease gas sales. A check meter is not located at the referenced well location. Administrative Order OLM-20 authorizes use of a gas sales meter located off-lease. The gas is transported through a 2 3/8" poly pipeline operated by Devon that terminates at the sales meter operated by Duke Energy. The sales point is located at Duke Energy's CDP located in the NW/4 of Section 20, Township 23 South, Range 36 East, NMPM, Lea County, NM. The NMOC has been notified and approval has been granted with Administrative Order OLM-20.

*The sales meter operated by
Duke Energy will be designated
for this individual well.*

*8/30/06
NMA*

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

Signed *Norvella Adams* Name **Norvella Adams**
Title **Sr. Staff Engineering Technician** Date **8/24/2006**

(This space for Federal or State Office use)

Approved by *Charles M. Ingram* Title *Pete Engle* Date *8/30/06*
Conditions of approval, if any:

CU

on Reverse Side