

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
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 (APU) for such proposals

SUBMIT IN TRIPLICATE

OCD-HOBBS

FORM APPROVED
OMB NO. 1004-0135
EXPIRES: NOVEMBER 30, 20001a. Type of Well ☒ Oil Well ☐ Gas Well ☐ Other _____2. Name of Operator
DEVON ENERGY PRODUCTION COMPANY, LP3. Address and Telephone No.
20 North Broadway, Ste 1500, Oklahoma City, OK 73102 405-552-81984. Location of Well (Report location clearly and in accordance with Federal requirements)*
330' FNL & 2240' FWL, Sec. 30-T23S-R32E, Unit "C"

5. Lease Serial No.

NM-14157

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No

8. Well Name and No.

Tresnor Mitchell 30 Federal 3

9. API Well No.

30-025-32891

10. Field and Pool, or Exploratory

Sand Dunes, S Bone Springs

12. County or Parish 13. State

Lea**NM**

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒
- Notice of Intent
-
- ☐
- Subsequent Report
-
- ☐
- Final Abandonment Notice

TYPE OF ACTION

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input checked="" 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 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 to recomplete to the Delaware per the following procedures.

1. MIRU. POH with rods and pump. NU BOP's and POH with tubing and BHA.
 2. RIH with CIBP on wireline and set above existing Bone Spring perfs at 8550'.
 3. RIH with gun and perforate 2 SPF 120* phased at 8302'-8324' (44 shots), 8239'-8260' (42 shots), 8213'-8225' (24 shots).
 4. RU and acidize with 6000 gallons 7.5% Pentol acid per recommendation. Swab test, flow back and possibly frac depending on swab test.
 5. RIH with gun at 2 SPF 120* phased and perf from 7690'-7698' (16 shots).
 6. RIH with RBP and set above L. Brushy at 8150' +/- . Acidize new perfs with ~ 1000 gallons 7.5% Pentol per recommendation. Swab well, possibly frac depending on swab test. Flow well back.
 7. Retrieve RBP and POH. RIH with pump and rods. Hange well on pump. RDMO PU.
 8. Additional pay zones in the Delaware will eventually be perforated, acidized, swab tested, and possibly frac treated similar to the above intervals. The acid to be used is ~ 4000 gallons 7.1/2%. The intervals are: 7270'-7290' (40 shots), 7297'-7302', 7304'-7319' (30 shots).
 9. In addition, the interval 7076'-7090' (28 shots) will be acidized with 1500 gallons and fracture treated similar to the previous intervals.
- After all treatment, all new completion zones will be produced together.

** Will Require like Approval from State (DHC)*

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

Signed *Norvella Adams* Name Norvella Adams
Title Sr. Staff Engineering Technician Date 4/24/2008

(This space for Federal or State Office use)

Approved by *Chris Williams* District Supervisor/General Manager Date JUL 17 2008
Conditions of approval, if any: Subject to DHC order if commissioning zones Cw.

Title 18 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

APPROVED

MAY 19 2008

JAMES A. AMOS
SUPERVISOR-EPS