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HUBBARDUNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUMMARY 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 (APL) 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, Oklahoma City, OK 73102

405-552-8198

4 Location of Well (Report location clearly and in accordance with Federal requirements)*

660 FSL & 1980 FWL, Unit N Section 10 18S 33E

5. Lease Serial No.

NM-89891

6 If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

8 Well Name and No.

Cockburn Federal 4

9. API Well No.

30-025-39599

10 Field and Pool, or Exploratory

Mescalero Escarpe, 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	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 checked="" 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 deepen 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, LP respectfully requests approval to the following changes in our intermediate and production casing design.

New Casing Program:

Hole Size	Hole Interval	OD Casing	Casing Interval	Weight	Collar	Grade
11"	0 - 1400'	8 5/8"	0 - 1400'	24#	ST&C	J-55
11"	1400' - 2950'	8 5/8"	1400' - 2950'	32#	LT&C	J-55
7 7/8"	2950' - 10,200'	5 1/2"	0' - 10,200'	17#	LT&C	N-80

New Design Parameter Factors:

Casing Size	Collapse Design Factor	Burst Design Factor	Tension Design Factor
8 5/8", 24#, J-55 ST&C	2.04	4.40	3.87
8 5/8", 32#, J-55 LT&C	1.63	2.54	4.07
5 1/2", 17#, N-80 LT&C	1.30	1.61	2.00


Cement for 8 5/8" Intermediate Casing:

Cement: Lead with 680 sx (35:65) Poz Class C cement + 5% NaCl + 1/4 #/sx Cello Flake + 6% Bentonite; 12.5 ppg, 2.04 cf/sx, 11.24 gps. Tail with 300 sx Class C cement + 1/4 #/sx Cello Flake; 14.8 ppg, 1.35 cf/sx, 6.35 gps.

Cement for 5 1/2" Production Casing:

Cement: Stage 1; 475 sx (15:61:11) Poz Class C cement + 1% KCl + 0.75% EC-1 + 0.4% CD-32 + 3 #/sx LCM-1 + 0.6% FL-25 + 0.6% FL-52A.; 13.3 ppg, 1.56 cf/sx, 7.55 gps. Stage 2: Lead with 695 sx (35:65) Poz Class C cement + 1/4 #/sx Cello Flake + 6% Bentonite; 12.5 ppg, 1.94 cf/sx, 10.65 gps. Tail with 150 sx (60:40) Class C cement + 2% NaCl + 0.1% Sodium Metasilicate + 4% MPA-5; 13.8 ppg, 1.35 cf/sx, 6.29 gps.

14 I hereby certify that the foregoing is true and correct

Signed Name Norvella Adams
Title Sr Staff Engineering TechnicianDate 12/21/2009

(This space for Federal or State Office use)

Approved by _____

Title _____

Conditions of approval, if any: _____

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

JAN 06 2000

