

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
15 N. French Dr.
Hobbs, NM 88240
FORM APPROVED
Bureau No. 1004-0135
March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. 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, SUITE 1100, OKLAHOMA CITY, OKLAHOMA 73102 (405) 228-7512
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FSL & 660' FWL, Sec 27-T19S-R34E

5. Lease Designation and Serial No. 111 04402
6. If Indian, Allottee or Tribe Name N/A
7. If Unit or CA, Agreement Designation
8. Well Name and No. West Pearl Federal #1
9. API Well No. 30-025-30918
10. Field and Pool, or Exploratory Area West Pearl (Seven Rivers)
11. County or Parish, State Lea, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Return to Production</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

A sundry to P&A this well was approved by the BLM on 11/9/01. This work commenced on 1/16/02 at which time the tubing and flowline were tested and determined to be serviceable. Given current oil prices, it was determined that an attempt should be made to return the well to production.

The rods and pump were pulled and a new pump installed. The work was completed and the well was returned to production on 2/18/02. The well is currently producing 1 BOPD and 1 BWPD.

ACCEPTED FOR RECORD

APR 17 2002

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

Signed

(This space for Federal or State office use)

Karen A. Cottom

Title Engineering Technician

Date April 10, 2002

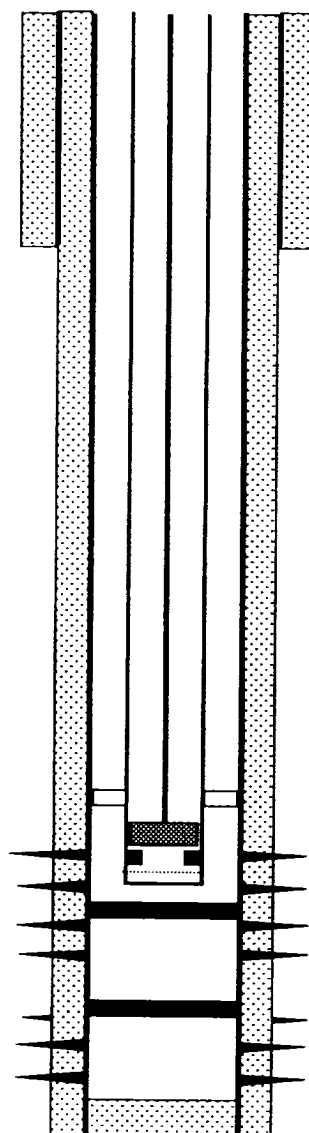
Approved by
Conditions of approval, if any:

Title

Date

DEVON ENERGY CORPORATION WELLBORE SCHEMATIC

WELL NAME: WEST PEARL FEDERAL #1			FIELD: WEST PEARL (SEVEN RIVERS)			
LOCATION: 1980' FSL & 660' FWL, SEC 27-T19S-R34E			COUNTY: LEA			STATE: NM
ELEVATION: GL=3721'; KB=UNK			SPUD DATE: 09/13/90		COMP DATE: 10/25/90	
API#: 30-025-30918		PREPARED BY: C.H. CARLETON			DATE: 10/29/01	
	DEPTH	SIZE	WEIGHT	GRADE	THREAD	HOLE SIZE
CASING:	0' - 1310'	8 5/8"	24#	J-55	ST&C	12 1/4"
CASING:	0' - 5300'	5 1/2"	15.5#	J-55	LT&C	7 7/8"
CASING:						
TUBING:	0' - 3912'	2 7/8"	6.5#	J-55	EUE 8rd	
TUBING:						



CURRENT



PROPOSED

OPERATOR: DEVON ENERGY PRODUCTION COMPANY, L.P.

8 5/8" CASING @ 1310' W/700 SXS. TOC @ SURFACE.

TUBING ANCHOR @ 3839'
 PERFORATIONS: 3884'- 3892' (OA) - 13 HOLES
 SEAT NIPPLE @ 3895'
 CIBP @ 3950', CAPPED WITH 20' CEMENT
 PERFORATIONS: 3968'- 3989' (OA) - 22 HOLES
 CIBP @ 4400'
 PERFORATIONS: 4515'- 4552' (OA) - 25 HOLES SQUEEZED OFF
 PERFORATIONS: 4670'- 4945' (OA) - 39 HOLES
 PBD @ 5240'
 5 1/2" CASING @ 5300' W/1075 SXS. TOC @ SURFACE
 TD @ 5300'

70993220000239421085

☒ Certified Mail-Return
Receipt Requested

☐ Hand Delivered, Received
by _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NOTICE OF INCIDENTS OF NONCOMPLIANCE

Identification	
Lease	NMNM04452
CA	
Unit	
PA	

Bureau of Land Management Office BUREAU OF LAND MANAGEMENT		Operator DEVON ENERGY PRODUCTION CO.	
Address 414 WEST TAYLOR HOBBS, N.M. 88240		Address 1000 N. BROADWAY, SUITE 1500 OKLAHOMA CITY OK. 73102	
Telephone (505) 393-3612		Attention	
Site Name W. PEARL FEDERAL	Well or Facility Identification WELL = 1	1/4 1/4 Sec. NWSW 27	Township 19S
Inspector S. CAFFEY		Range 34E	Meridian NMPM

THE FOLLOWING VIOLATION WAS FOUND BY BUREAU OF LAND MANAGEMENT INSPECTORS ON THE DATE AND AT THE SITE LISTED ABOVE.

Date	Time (24-hour clock)	Violation	Gravity of Violation
03/11/02	13:00	43 CFR 3163.1a.2	MINOR
Corrective Action To be Completed by	Date Corrected	Assessment for Noncompliance	Assessment Reference
APRIL 22, 2002	/ /	\$	43 CFR 3163.1 ()

Remarks: FAILURE TO COMPLY WITH THE CONDITIONS OF APPROVAL ON THE APPROVED SUNDRY NOTICE OF INTENT TO PLUG AND ABANDON, APPROVED 11/09/01. CONDITIONS STATE THAT PLUGGING OPERATIONS SHALL BEGIN WITHIN 90 DAYS OF APPROVAL. COMMENCE PLUGGING OPERATIONS BEFORE THE DUE DATE ON THIS INC OR BE SUBJECT TO A \$250.00 ASSESSMENT.

When violation is corrected, sign this notice and return to above address.

Company Representative Title _____ Signature _____ Date _____

Company Comments: *See Attached Sundry*

WARNING

Incidents of Noncompliance correction and reporting time frames begin upon receipt of this Notice or 7 business days after the date it is mailed, whichever is earlier. Each violation must be corrected within the prescribed time from receipt of this Notice and reported to the Bureau of Land Management office at the address shown above. Please note that you already may have been assessed for noncompliance (see amount under "Assessment for Noncompliance"). If you do not comply as noted above under "Corrective Action To Be Completed By," you may incur an additional assessment under (43 CFR 3163.1) and may also incur Civil Penalties (43 CFR 3163.2). All self-certified corrections must be postmarked no later than the next business day after the prescribed time for correction.

Section 109(d)(1) of the Federal Oil and Gas Royalty Management Act of 1982, as implemented by the applicable provisions of the operating regulations at Title 43 CFR 3163.2(f)(1), provides that any person who "knowingly or willfully" prepares, maintains, or submits false, inaccurate, or misleading reports, notices, affidavits, records, data, or other written information required by this part shall be liable for a civil penalty of up to \$25,000 per violation for each day such violation continues, not to exceed a maximum of 20 days.

REVIEW AND APPEAL RIGHTS

A person contesting a violation shall request a State Director review of the Incidents of Noncompliance. This request must be filed within 20 working days of receipt of the Incidents of Noncompliance with the appropriate State Director (see 43 CFR 3165.3). The State Director review decision may be appealed to the Interior Board of Lands Appeals, 4015 Wilson Blvd., Arlington, VA 22203 (see 43 CFR 3165.4). Contact the above listed Bureau of Land Management office for further information.

Signature of Bureau of Land Management Authorized Officer <i>Stephen J Caffrey</i>	Date 03/13/02	Time 09:00
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FOR OFFICE USE ONLY

Number	Date	Assessment	Penalty	Termination
Type of Inspection				

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NOTICE OF INCIDENTS OF NONCOMPLIANCE

☐ Certified Mail-Return
Receipt Requested

☐ Hand Delivered, Received
by _____

Identification	
Lease	_____
CA	_____
Unit	_____
PA	_____

Bureau of Land Management Office _____		Operator _____	
Address _____		Address _____	
Telephone _____		Attention _____	
Site Name _____	Well or Facility Identification _____	1/4 Sec _____	Township _____
Inspector _____		Range _____	Meridian _____

THE FOLLOWING VIOLATION WAS FOUND BY BUREAU OF LAND MANAGEMENT INSPECTORS ON THE DATE AND AT THE SITE LISTED ABOVE.

Date	Time (24-hour clock)	Violation	Gravity of Violation
_____	_____	_____	_____
Corrective Action To be Completed by	Date Corrected	Assessment for Noncompliance	Assessment Reference
_____	_____	\$ _____	43 CFR 3163.1 ()

Remarks _____

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Company Comments _____

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Signature of Bureau of Land Management Authorized Officer _____	Date _____	Time _____
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FOR OFFICE USE ONLY				
Number _____	Date _____	Assessment _____	Penalty _____	Termination _____
Type of Inspection _____				