

*Amended*

<b>District I</b> 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-8161 Fax:(575) 393-0720 <b>District II</b> 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 <b>District III</b> 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 <b>District IV</b> 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b> <b>Oil Conservation Division</b> <b>1220 S. St Francis Dr.</b> <b>Santa Fe, NM 87505</b>	Form C-103 August 1, 2011 Permit 263226 <hr/> WELL API NUMBER 30-015-44962 <hr/> 5. Indicate Type of Lease S <hr/> 6. State Oil & Gas Lease No.  <hr/> 7. Lease Name or Unit Agreement Name CORAL PWU 28 27
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**SUNDRY NOTICES AND REPORTS ON WELLS**

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

NM OIL CONSERVATION  
ARTESIA DISTRICT

1. Type of Well: O	8. Well Number 062H
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP	9. OGRID Number 6137
3. Address of Operator 20 N Broadway, Oklahoma City, OK 73102	10. Pool name or Wildcat
4. Well Location Unit Letter O : 1220 feet from the S line and feet 2601 from the E line Section 28 Township 19S Range 29E NMPM County Eddy	
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3303 GR	

**Pit or Below-grade Tank Application or Closure**

Pit Type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: Drilling/Cement <input checked="" type="checkbox"/>
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13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

07/11/2018 Surface PT Csg 1500 PSI for 30Min. Good 07/14/2018 Int PT Csg 1500 PSI for 30 Min Good. DV Tool sat @ 1405'. TD 8 3/4" hole @ 9,525 & 8 1/2 hole @ 16,693 on 07/26/2018. 7/2/2018 Spudded well.

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
07/02/18	Surf		17.5	13.375	54.5	J-55	0	248	331	1.34	C				Y
07/14/18	Int1		12.25	9.625	36	J-55	1380	3432	465	1.88	C				Y
07/14/18	Int1		12.25	9.625	36	J-55	2736	3432	335	1.33	C				Y
07/14/18	Int1		12.25	9.625	36	J-55	0	3432	825	1.87	C				Y
07/28/18	Prod		8.75	5.5	17	P110RY	0 7315	16678	555	3.62	C				Y
07/28/18	Prod		8.75	5.5	17	P110RY	7315	16678	1520	1.42	C				Y

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐, or an (attached) alternative OCD-approved plan: \_\_\_\_\_

SIGNATURE Erin Workman TITLE \_\_\_\_\_ DATE 02/04/19

Type or print name Erin Workman E-mail address \_\_\_\_\_ Telephone No. \_\_\_\_\_

**For State Use Only:**

APPROVED BY: Rusty Kfe TITLE Business Ops Spec DATE 2-8-2019