

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Artesia, NM
87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-015-28005

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Todd 36 E State

8. Well No.

3

9. Pool name or Wildcat

Ingle Wells Delaware

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.)

1. Type of Well

☐ Oil
Well

☐ Gas
Well

☐ Other _____

2. Name of Operator

DEVON ENERGY PRODUCTION COMPANY, LP

3. Address of Operator

20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 2287512

4. Well Location

Unit Letter E:1650' Feet From The North

Line and 330'

Feet From The West

Line

Section 36

Township 23S

Range 31E

NMPM

Eddy

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Add Delaware pay

☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: _____

☐

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.

8/12/03 - POOH w/rods & tbs

8/13/03 - Perf'd 7446' - 62' & 7206' - 36'

8/14/03 - Acidized 7446' - 62' w/1500 gal 7.5% Pentol

8/17/03 - Frac'd w/28,000 16/30 Ottawa

8/20/03 - Acidized 7206' - 36' w/2000 gal 7.5% Pentol

8/27/03 - RIH w/tbg string, started in hole with pump & rods

8/28/03 - Turned to battery.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Karen Cottom

TITLE OPERATIONS TECHNICIAN

DATE September 2, 2003

TYPE OR PRINT NAME

Karen Cottom

TELEPHONE NO. (405) 235-3611

(This space for State use)

Approved by

Jim W. Gamm

TITLE

SUPERVISOR, DISTRICT II

DATE

SEP 09 2003

Conditions of approval, if any: