

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

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

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM
87410

OIL CONSERVATION DIVISION

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

WELL API NO.
30-015-32827

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Righthand Canyon 35 Fee Com

8. Well No.

2

9. Pool name or Wildcat

Indian Basin Upper Penn Assoc

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.)

RECEIVED

FFB 0 9 2004

OCD-ARTESIA

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) 228-8209

4 Well Location

Unit Letter L-1347 Feet From The South Line and 1177 Feet From The West Line

Section 35

Township 21S

Range 24E

NMPM

Eddy

County

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

3849 GR

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Drilling Operations ☒

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.

11/20/03 TIH w/ csg guns. Perf 7894-7930 w/ 73 holes.

11/23/03 Acidized w/ 7200 gals 20% HCl.

11/25/03 TIH w/ 253 jts 6.5# L80 tbg @ 8048' w/ Reda pump. Put well to test.

12/12/03 TOH w/ tbg. TIH w/ csg guns. Perf 2 SPF 7981-7993 & 8008-8043. TIH w/ pkr.

12/15/03 Acidized w/ 9400 gals 20% HCl

12.18/03 TIH w/ motors, pumps, tbg. Hang well on to production.

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

SIGNATURE

Linda Guthrie

TITLE OPERATIONS ASSOCIATE

DATE 02/06/04

TYPE OR PRINT NAME

Linda Guthrie

TELEPHONE NO. (405) 235-3611

(This space for State use)

FOR RECORDS ONLY

FEB 1 0 2004

Approved by

TITLE

DATE

Conditions of approval, if any: