Submit 3 Copies to Appropriate District Office		New Mexicos Departm	Form C-103 Revised 1-1-89
DISTRICT 1 PO Box 1980, Hobbs. NM 88240	OIL CONSERVATION DIVISION VED P.O. Box 2088 C OCD - ARTESIA		WELL API NO. 30-015-05260
DISTRICT II P.O. Drawer DD, Artesia. NM 88210	P.O. Santa Fe, New	5/ Indicate Type of Lease € STATE FEE	
DISTRICT III 1000 rio Brazos Rd, Aztec, NM 87410		6. State Oil & Gas Lease No.	
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.)			7. Lease Name or Unit Agreement Name Fren Oil Co.
1. Type of Well ☐ Gas Well ☑ Other WIW			
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY L.P.			8. Well No.
3. Address of Operator			9. Pool name or Wildcat
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611			Grayburg Jackson
4 Well Location			
Unit Letter O :610 Feet From The South		Line and 1980 Feet F	from The <u>East</u> Line
Section 19 Township 17S Range 31E NMPM Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3585 GR			
Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data			
NOTICE OF INTEN	ITION TO:	SUBSEQUE	NT REPORT OF:
	CHANGE PLANS	REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB OTHER: Put well back on injection	ALTERING CASING PLUG AND ABANDONMENT and monitor
13. Describe Proposed or Completed Operations (Clearly s	state all pertinent details, and give per		
6/29/00 – Set packer @ 457'. Tested casing above and below packer. Would not test above 457'. Moved packer to 396'. Got better test but not good enough to pass. Hole located between 457'-396'. Could not pump into leak. Pulled RBP and run in hole w/packer to 2730'. 6/30/00 – Set RBP @ 2730' and tested. Would not hold. RIH w/another RBP and packer. Tested good. Pulled up to 457' w/packer and tested casing between 2730' and 457'. Tested good. 7/01/00 – Pull out of hole w/RBP, packer, and workstring. Run in hole w/ IPC tubing. Circulated with packer fluid. Set packer and hooked up wellhead. Left well shut in pending OCD approval to inject and monitor.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Jumy mathew	TITLE	E Production Foreman	DATE <u>7/10/00</u>
TYPE OR PRINT NAME Jerry Mathews			TELEPHONE NO. (505) 748-3371
(This space for State use) Approved by Conditions of approval, if any:	TITLE	Field Rep. IF	DATE 7/17/2002