| Office 2 | State of New Me | | Form C-10 | |
|--|--|--|--|------------|
| District I | Energy, Minerals and Natu | ıral Resources | March 4, 20 | 004 |
| 1625 N. French Dr., Hobbs, NM 88240 | | | WELL API NO. | 1 |
| District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION | | DIVISION | 30-045-32279 | |
| District III 1220 South St. Francis Dr. | | 5. Indicate Type of Lease | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | | STATE FEE | | |
| District IV | Saina re, inivi o | 7303 | 6. State Oil & Gas Lease No. | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | Federal SF 078988 | |
| | ES AND REPORTS ON WELLS | 3 | 7. Lease Name or Unit Agreement Name | • |
| (DO NOT USE THIS FORM FOR PROPOSA | ALS TO DRILL OR TO DEEPEN OR PL | UG BACK TO A | | |
| DIFFERENT RESERVOIR. USE "APPLICA | ATION FOR PERMIT" (FORM C-101))F | OR SUCH | Northeast Blanco Unit | |
| PROPOSALS.) | | | 8. Well Number | |
| 1. Type of Well: Oil Well | Other Miles | · · · · · · · · · · · · · · · · · · · | 445-4 | |
| | | 2004 | 460A | |
| 2. Name of Operator | E OL COM | :40 =] | 9. OGRID Number | |
| Devon Energy Corp. | | 3 DW 3 | 6137 | |
| 3. Address of Operator | OV 73103 | | 10. Pool name or Wildcat | |
| 20 North Broadway, Oklahoma City | , OK 73102 | | Basin Fruitland Coal | |
| 4. Well Location | ECO SI | 01 11 Death | | l |
| | | The state of the s | 1012 5 5 1 7 1 | |
| Unit Letter: | 135 feet from the South | line and | 1340 feet from the East lin | ie |
| Seation | 7 Tananahin 2:4/ B | / : // | NMPM County Son Juan | |
| Section | Township 3/N R | ange 6 W | | 8,98,08 |
| | 11. Elevation (Show whether DF GR 6489 | K, KKB, KI, GR, etc. | | |
| Pit or Below-grade Tank Application (For | | n C-144 must be attache | | |
| | | | | |
| Pit Location: ULSectIwp_3// | Rng pr // Pit type Dp.///pici_I | Depth to Groundwater_3 | >//OD Distance from nearest fresh water well_>// | 227 |
| Distance from nearest surface water_>// | グル Below-grade Tank Location UL | SectTwi | pRng; | |
| feet from theline and | feet from theline | | | - 1 |
| | | | | |
| 12. Check A | ppropriate Box to Indicate N | Nature of Notice, | Report or Other Data | |
| | ppropriate Box to Indicate N | | | |
| NOTICE OF INT | TENTION TO: | SUB | SEQUENT REPORT OF: | |
| | TENTION TO: | | SEQUENT REPORT OF: | |
| NOTICE OF INT | TENTION TO: | SUB REMEDIAL WOR | SEQUENT REPORT OF: RK ALTERING CASING [| |
| NOTICE OF INT | CHANGE PLANS | SUB REMEDIAL WOR COMMENCE DR | SEQUENT REPORT OF: KK ALTERING CASING [ILLING OPNS. PLUG AND [ABANDONMENT | |
| NOTICE OF INT | CHANGE PLANS | SUB REMEDIAL WOR COMMENCE DR CASING TEST A | SEQUENT REPORT OF: KK ALTERING CASING [ILLING OPNS. PLUG AND [ABANDONMENT | |
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| NOTICE OF INT | CHANGE PLANS | SUB REMEDIAL WOR COMMENCE DR CASING TEST A | SEQUENT REPORT OF: RK | |
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