

Submit 3 copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

District I

P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.

District II

P.O.Box Drawer DD, Artesia, NM 88210

Santa Fe, NM 87505

District III

1000 Rio Brazos Rd., Aztec, NM 87410

Well API No. 30-045-27488

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

FEE

7. Lease Name or Unit Agreement Name

Northeast Blanco Unit

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, L.P.

8. Well No. #410

3. Address of Operator 3300 North Butler Ave. Suite 211 Farmington, NM 87401

9. Pool name or Wildcat Basin Frtl Coal

4. Well Location

Unit Letter K: 1545 Feet From The South Line and 1710 Feet From The West Line

Section 9 Township 31N Range R7W NMPM County: San Juan

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

6655' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG & ABANDON
TEMPORARILY ABANDON ☐ CHANGE PLANS
PULL OR ALTER CASING ☐
OTHER: CBM Re-Cavitation ☒

SUBSEQUENT REPORT OF: X

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDON ☐
CASING TEST & CEMENT JOB ☐
OTHER ☒

12. 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.

Re-cavitation operations commenced on 5/01/00 and ended on 6/03/00. The 5-1/2" uncemented, pre-perforated liner was installed. Top of liner hanger at 2966'. Bottom of liner bit shoe at 3540'. 2-3/8", 4.7#, J-55 tubing set at 3520'.

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

SIGNATURE Lori Cave TITLE: Company Representative DATE 6/21/00

TYPE OR PRINT NAME Lori Cave TELEPHONE NO. 505-324-0033

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CHIEF OF DIVISION TITLE CHIEF OF DIVISION DATE JUN 23 2000

CONDITIONS OF APPROVAL IF ANY: