Id25 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 OIL C0 District II – (505) 334-6178 12 District III – (505) 346-6178 12 District IV – (505) 476-3460 122 SUNDRY NOTICES AND RE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL DIFFERENT RESERVOIR. USE "APPLICATION FOR PEIPROPOSALS.) 1. Type of Well: Oil Well IX Gas Well 2. Name of Operator Devon Energy Production 333 West Sheridan Oklaho 4. Well Location Vell Location	OR TO DEEPEN OR PLUG BACK TO A RMIT" (FORM C-101) FOR SUCH Other Company, L.P. /	WELL API NO. 30-025-42290 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name Altbeir 10 State 9. OGRID Number 10. Pool name or Wildcat
Section 10 To	wnship 18S Range 36E	NMPM County Lea
11. Elevation	n (Show whether DR, RKB, RT, GR	, etc.)
	CASING/CEI	SUBSEQUENT REPORT OF: NORK ALTERING CASING E DRILLING OPNS. P AND A
OTHER:	OTHER: T.	A
of starting any proposed work). SEE RUL proposed completion or recompletion. TEMPORARILY ABANDON PROCEDURE (AC 1. MIRU WSU. 2. ND Wellhead. NU BOPE & test. 3. POOH W/ESP assembly and 2-7/8" pr 4. Make gauge ring/junk basket run to ~ 5. RU W/L. Set CIBP @ 8,258'. Dump ba 6. TIH w/2-7/8" tubing to TOC @ ~8,225 7. Pressure test casing to 500 psi for 30 m pressure 550 PSI 8. Bleed off pressure. ND BOPE. NU we 9. RDMO WSU.	LE 19.15.7.14 NMAC. For Multiple CTUAL) Toduction tubing from ~8,736'. 8,300'. ul 33' cement on top. RD W/L. 5'. Load and circulate hole w/2% KCl w/corre- ninutes. Passed test and witnessed by George Ilhead.	s, and give pertinent dates, including estimated date e Completions: Attach wellbore diagram of his Approval of Temporary bandonment Expires 12/16/2019 osion inhibitor. e from Lea County OCD office. Starting pressure 550 PSI, ending ctfully requests a 5 year TA status for the Altbeir 10-1H. See
attached Mill & Wellbore Schematic.		
Spud Date: 4/21/15	Rig Release Date: 5/28/15	
I hereby certify that the information above is true a SIGNATURE <u>PUBLICU</u> Type or print name <u>Rebecca Deal</u> For State Use Only APPROVED BY: <u>APPROVED BY:</u> Conditions of Approval (if any):	nd complete to the best of my know <u>TITLE</u> Regulatory Analy <u>E-mail address:</u> <u>rebecca.de</u> <u>PTLE</u> <u>Dut</u> Sup	DATE 1/18/16
		JAN 2 1 2016

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