

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-025-41524
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name COTTON DRAW 32 STATE SWD
8. Well Number 002
9. OGRID Number 6137
10. Pool name or Wildcat SWD; DEVONIAN

**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 **SWD**

2. Name of Operator  
DEVON ENERGY PRODUCTION COMPANY, L.P.

3. Address of Operator  
333 W. Sheridan Oklahoma City, OK. 73102-5015

4. Well Location  
 Unit Letter **P** : **1180** feet from the **SOUTH** line and **1000** feet from the **EAST** line  
 Section **32** Township **24S** Range **32E** NMPM County **LEA**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3477.7**

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Devon Energy Production Co., L.P. (Devon) respectfully requests to proceed with the repair procedure below:

1. Pull 5-1/2" x 4-1/2" tapered injection string. Lay down.
2. Set RBP @ +/- 16,900'. On workstring and packer, conduct pressure test(s) on 7" liner and 9-5/8" casing string.
3. If pressure test fails, isolate leaks. Remediate until a successful MIT can be achieved.
4. Retrieve RBP @ +/- 16,900'.
5. RIH new with 5-1/2" x 4-1/2" tapered injection string.
6. Circulate packer fluid, latch onto seal section of existing permeant packer at 16,935'.
7. Conduct an OCD witnessed MIT to 500 psig for 30 minutes, no more than 10% leak-off allowed.
8. Return well to injection.

Spud Date:  Rig Release Date:

**Condition of Approval: notify  
 OCD Hobbs office 24 hours  
 prior of running MIT Test & Chart**

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

SIGNATURE Donny Harris TITLE Regulatory Analyst DATE 7-30-2019

Type or print name \_\_\_\_\_ E-mail address: \_\_\_\_\_ PHONE: \_\_\_\_\_  
**For State Use Only**

APPROVED BY: Kerry Fath TITLE Compliance Officer A DATE 8-1-19  
 Conditions of Approval (if any) \_\_\_\_\_