

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

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

Form C-103
Revised July 18, 2013

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| 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.) | | WELL API NO. 30-015-32944 |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator Devon Energy Production Company, LP | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator 333 W. Sheridan Avenue, Oklahoma City, OK 73102 | | 7. Lease Name or Unit Agreement Name H B 2 State |
| 4. Well Location Unit Letter <u>F</u> : 1980 feet from the <u>North</u> line and 1980 feet from the <u>West</u> line Section <u>2</u> Township <u>24S</u> Range <u>29E</u> NMPM Eddy County <u>NM</u> | | 8. Well Number <u>6</u> |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3080' GR | | 9. OGRID Number 6137 |
| | | 10. Pool name or Wildcat CEDAR CANYON; BONE SPRING |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|---|
| PERFORM REMEDIAL WORK <input 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 checked="" 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.

- 10/7/20 MIRU, Tag Toc @ 8,074', Circ 150 bbls of 10# salt gel, POH to 6950', Spot 45 sx C cmt, POH to 3500', spot 65 sx C cmt.
- 10/8/20 Tag TOC @ 2836', POH, perf @ 730', circ 180 sx C cmt to surf, RDMO.
- 10/9/20 Dig out/cut off wellhead/anchors, back fill location. P&A complete.

Approved for plugging of well bore only. Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us

Spud Date:

Rig Release Date:

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

SIGNATURE Jimmy Bagley TITLE Agent DATE 10/12/20

Type or print name Jimmy Bagley E-mail address: sunsetwellservice@yahoo.com PHONE:

For State Use Only

APPROVED BY: Staff Manager TITLE Staff Manager DATE 12/9/2020

Conditions of Approval (if any):