

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

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

WELL API NO. 30-015-33466
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Esperanza 3E Fee
8. Well Number 2
9. OGRID Number 6137
10. Pool name or Wildcat Carlsbad; Morrow, South

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		<b>RECEIVED</b> MAR 14 2005 OGD-ARTESIA
2. Name of Operator Devon Energy Production Company, LP		
3. Address of Operator 20 North Broadway, Oklahoma City, OK 73102-8260 405-552-8198		
4. Well Location Unit Letter <u>E</u> : 1980 feet from the <u>North</u> line and <u>890</u> feet from the <u>West</u> line Section <u>3</u> 22S Township 27E Range <u>NMPM</u> County <u>Eddy</u>		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3119 GR		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: COMPLETION REPORT <input checked="" type="checkbox"/>
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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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1/21/05 Drill out DV tool @ 7500'. Test csg to 1500# - ok.  
 1/26/05 RIH & perforate 11520-11620'; 4 holes. Cmt retainer @ 11,600'. TOH w/ tbg.  
 1/27/05 RIH & dump 10' of cmt on top of retainer. TIH w/ tbg. PBTB @ 11590'.  
 1/28/05 RIH & perforate 11,366-11,523'; 174 holes. TIH w/ pkr & tbg. Set pkr @ 11,311'.  
 2/02/05 Acidize w/ 3000 gals 7.5% HCl.  
 2/04/05 Test csg to 2000# - ok. Rel pkr. TOO H w/ tbg & pkr.  
 2/05/05 Frac 11,364-11474' w/ 32,000 # bauxite.  
 2/07/05 Set pkr w/ plug @ 11,290. RIH w/ on/off tool & tbg.  
 2/08/05 RIH & recover plug.  
 2/09/05 Bring well on line.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Norvella Adams TITLE Sr. Staff Eng. Tech DATE 3/10/05

Type or print name Norvella Adams E-mail address: norvella.adams@dvn.com Telephone No. 405-552-8198

For State Use Only **FOR RECORDS ONLY**

**MAR 15 2005**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any): \_\_\_\_\_