

Submit 3 Copies To Appropriate District
Office
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

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO.
30-015-11882

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Henry 26

8. Well Number
2

9. OGRID Number
6137

10. Pool name or Wildcat

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, LP

3. Address of Operator
20 North Broadway Oklahoma City, Oklahoma 73102-8260 (405) 552-7802

4. Well Location

Unit Letter B: 910 feet from the North line and 1980 feet from the East line
Section 26 Township 22S Range 27E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3086'

Pit or Below-grade Tank Application ☐ or Closure ☐

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: COMPLETION ☒

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.

05/30/05 MIRU. TIH drill dv tool @ 8516'. Drill out tool, tst csg to 3000# - ok. PBTD @ 12,287'. Dress dv tool @ 8516'.
06/04/05 TIH w/tbg, sd & spot 15 bbls of 2% KCL w/10% menthanol. Set pkr. Perf fm @ 11,826'-11,832'; 11,873'-11882'.
06/07/05 Rls pkr, TIH set pkr @ 11,755'.
06/09/05 Acidize Morrow fm 11,826'-11,882' w/2000 gals of 7.5% HCL & 60 7/8" ball sealers. Swab.
06/15/05 Unseat pkr, POOH w/DHA & tbg. CIBP @ 11,775'; 35' of cmt on CIBP.
06/16/05 Perf Strawn fm 10,544'-10,552'; (6SPF) 48 holes. Set pkr @ 10,449'.
06/17/05 PBTD/CIBP w/37' cmt @ 11,755'. Swab. CIBP @ 11,755'. Dmp'd 37' cmt on CIBP. PBTD @ 11,378'.
06/21/05 Acidize Strawn fm 10,544'-10,552' w/2000 gals of 15% HCL w/35 ball sealers. Swab.
06/27/05 Perf Strawn @ 10,584'-10,590'; (6SF) 36 holes.
06/29/05 Rls ON/OFF tool. Latch onto pkr. POOH w/tbg & BHA. RIH & set CIBP at 10,500 to isolate Strawn perfs. Dmp'd 35' cmt on CIBP. PBTD @ 10,465'. Tst CIBP, csg, BOP to 3000# - ok. Perf Wolfcamp fm @ 9740'-9758'; 9806'-9816'; 9846'-9872'; (3SPF) 162 holes. No flow after perf. 3rd perf run 9740'-9750', no flow. Set pkr @ 9,682'. Tested csg to 2500# - ok. Swab.
07/01/05 Acidize Wolfcamp perfs 9,740'-9,872' w/5000 gals 15% HCL acid & 360 ball sealers. Swab.
07/02/05 Rls pkr & TOOH.
07/04/05 Began fracturing treatment to Wolfcamp fm @ 9,740'-9,872'. Fracture treatment w/43,016 gal Spectra Star cross linked gel & 51,267# 16/30 SB Excel Sn. Screen out, 26.6K# in form. Flow back, tag up on sn fill, w/o. Swab.
07/08/05 TIH w/2 7/8" tbg, pmp out plug, 2 7/8" API seating nipple, 305 jts 2 7/8" L-80 tbg. Bttm tbg assembly @ 9716'. Swab.
07/27/05 Turned well to sales.

RECEIVED

SEP - 8 2005

OCD-ARTESIA

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 _____ TITLE Senior Engineering Technician DATE 8/30/05

Type or print name Stephanie A. Ysasaga E-mail address: Stephanie.Ysasaga@dvn.com Telephone No. (405) 552-7802
For State Use Only

FOR RECORDS ONLY

APPROVED BY: _____ TITLE _____ DATE SEP 08 2005

Conditions of Approval (if any):