

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. 30-015-36078
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 Spud 16 State
8. Well Number 7H
9. OGRID Number 6137
10. Pool name or Wildcat Harroun Ranch, Delaware, NE

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 L. P.

APR 09 2008

3. Address of Operator  
20 North Broadway, Oklahoma City, Oklahoma 73102

OCD-ARTESIA

4. Well Location  
D Unit Letter 910 : feet from the North line and 810 feet from the West line  
M Section 16 Township 23S Range 29E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
2970' GL

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 ☐

SUBSEQUENT REPORT OF:

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

OTHER: Alter casing/cementing program

OTHER:

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.

14.

Devon Energy Production Company L.P. respectfully requests to change the casing and cementing program for the above well. The original APD approved for 17 1/2" hole, 13 3/8" 48# H-40 ST&C csg w/ setting depth @ 360" & cementing 376 sx Cl C to surface which will be disregarded. The 12 1/4" hole will be the first hole to drill w/ 9 5/8" 40# K-55 LT&C csg to a setting depth of 2930'. The second string drlg 8 1/2" hole gradually to 6100' setting 5 1/2" 17# J-55 LT&C csg. Continue setting 5 1/2" csg 17# J-55 BT&C csg to total depth @ 10,355'.

Cementing Program: 9 5/8" csg: Lead w/ 745 sx 35:65 POZ (Fly Ash) Premium Plus C Cmmt + 5% bwow Sodium Chloride + 0.125 lbs/sx CF + 5 lbs/sx LCM-1 + 6% bwoc Bentonite + 95.8% FW. Tail w/ 300 sx Premium Plus C Cmmt + 2% bwoc Calcium Chloride + 56.4% FW. Yield 1.95 cf/sx 10.0 gps. Cement 5 1/2" csg Stage 1: Lead w/ 350 sx 35:65 POZ Fly Ash Premium Plus C Cmmt + 1% bwow Sodium Chloride + 0.4% bwoc R-3 + 0.125 lbs/sx CF + 3 lbs/sx LCM-1 + 6% bwoc Bentonite + 0.4% bwoc FL-52A + 100.3% FW. Yield 1.97 cf/sx 10.46 gps. Tail w/ 810 sx Class H Cmt + 0.2% bwoc Sodium Metasilicate + 1.4% bwoc FL-62 + 0.4% bwoc CD-32 + 0.1% bwoc ASA-301 + 20 lbs/sx ASCA-1 + 0.35% bwoc R-3 + 52.9% FW. Yield 1.42 cf/sx 5.97 gps..

Cement 5 1/2" csg Second Stage: DV Tool @ 4500'. Lead w/ 660 sx 35:65 POZ (Fly Ash) Premium Plus C Cmmt + 5% bwow Sodium Chloride + 0.125 lbs/sx CF + 2 lbs/sx LCM-1 + 6% bwoc Bentonite + 98.8% FW. Yield 1.94 cf/sx 10.30 gps. Tail w/ 150 sx 60:40 POZ (Fly Ash) Premium Plus C Cmmt + 5% bwow Sodium Chloride + 0.125 lbs/sx CF + 0.4% bwoc Sodium Metasilicate + 4 % bwoc MPA-5 + 64.7% FW. Yield 1.37 cf/sx 6.36 gps.

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Judy A. Barnett TITLE Regulatory Analyst DATE 4/09/08  
Type or print name E-mail address: 405-228-8699 Telephone No. For  
State Use Only

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

**DENIED**