

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM  
87410

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-015-32803

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
Chase 2 State Com

8. Well No.

3

9. Pool name or Wildcat

Carlsbad;Morrow East (Gas)

### 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 \_\_\_\_\_

RECEIVED

MAR - 9 2004

OCD-ARTESIA

2. Name of Operator

DEVON ENERGY PRODUCTION COMPANY, LP

3. Address of Operator

20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 2287512

4. Well Location

Unit Letter M 1310 Feet From The South Line and 1310' Feet From The West Line

Section 2

Township 22S

Range 27E

NMPM

Eddy

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3108' GR

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 ☐

OTHER: ☐

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

The application for permit to drill was approved 5/21/03 expiring 5/21/04. Due to scheduling problems we are unable to drill this well within the 1 year approval period. At this time Devon Energy Production Company, LP requests an extension of one year to drill this well.

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

SIGNATURE

*Karen Cottom*

TITLE OPERATIONS TECHNICIAN

DATE March 5, 2004

TYPE OR PRINT NAME

Karen Cottom

TELEPHONE NO. (405) 235-3611

(This space for State use)

*District Supervisor*

MAR 09 2004

Approved by

TITLE

DATE

Conditions of approval, if any: