

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 2988  
Santa Fe, New Mexico 87504-2088

WELL API NO. <b>30-015-05314</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. LC-029395-B
7. Lease Name or Unit Agreement Name Turner "B"
8. Well No. 43
9. Pool name or Wildcat Grayburg Jackson SR-Q-G-SA

**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 <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>WIW</u>
2. Name of Operator <b>DEVON ENERGY CORPORATION (NEVADA)</b>
3. Address of Operator <b>20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611</b>

4. Well Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>560</u> Feet From The <u>West</u> Line
Section <u>20</u> Township <u>17S</u> Range <u>31E</u> NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3618' GR

Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data

**NOTICE OF INTENTION TO:**

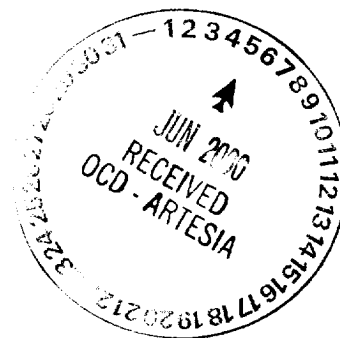
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <u>Patched casing</u> <input checked="" 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 1103.

5/31/00 - Welded patch on top of casing and tested.



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

SIGNATURE Don Mayberry  
TYPE OR PRINT NAME Don Mayberry

TITLE Superintendent

DATE 06/05/00

TELEPHONE NO. (505) 748-3371

(This space for State use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

RBDMS/BK