

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

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

DISTRICT III  
1000 no Brazos Rd, Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. <b>30-015-28214</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-6705
7. Lease Name or Unit Agreement Name CACTUS STATE
8. Well No. 7
9. Pool name or Wildcat Catchlaw Draw, East (Delaware)

**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 CORPORATION (NEVADA)**

3. Address of Operator  
**20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611**

4 Well Location  
Unit Letter B : 990 Feet From The north Line and 2340 Feet From The east Line

Section 16 Township 21S Range 26E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
GL 3274'

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: placed on pump ☐

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.

10-17-96 thru 10-18-96 Rig up pulling unit. Killed well. Removed wellhead, NU BOP.  
TIH, tagged up at 3303', no fill. Landed production string, SN at 3241' (tbg landed at same  
depth). ND BOP.  
TIH w/pump and rods. Set pump jack. Began pumping. Rig down pulling unit.

RECEIVED

JAN 30 1997

OIL CON. DIV.  
DIST. 2

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

SIGNATURE Candace R. Graham

TITLE ENGINEERING TECHNICIAN

DATE January 27, 1997

TYPE OR PRINT NAME Candace R. Graham

TELEPHONE NO. (405) 235-3611

(This space for State use)  
**ORIGINAL SIGNED BY TIM W. GUM**  
**DISTRICT II SUPERVISOR**

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

TITLE \_\_\_\_\_

DATE JAN 31 1997