

clg
up

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. 30-015-28762
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-952
7. Lease Name or Unit Agreement Name TODD "36N" STATE
8. Well No. 14
9. Pool name or Wildcat Ingle Wells (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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>PROPOSED</u>
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 N : 990 Feet From The south Line and 1650 Feet From The west Line

Section 36 Township 23S Range 31E NMPM Eddy County

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

GL 3500'

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: APD extension ☒

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 the Todd "36N" State #14 was approved 01-08-96 and is due to expire on 07-08-96.

At this time Devon Energy Corporation (Nevada) requests an extension of one year to drill this well.

APPROVED
PERMIT TO DRILL
UNLESS DRILLING UNDERWAY
7/8/97

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

SIGNATURE Candi R. Graham TITLE ENGINEERING TECHNICIAN
TYPE OR PRINT NAME Candi Graham

DATE May 31, 1996

TELEPHONE NO. (405) 235-3611

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

Approved by _____ TITLE _____
Conditions of approval, if any: _____

DATE JUN 27 1996