

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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.)		WELL API NO. 30-015-32943
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Devon Energy Production Company, LP		6. State Oil & Gas Lease No.
3. Address of Operator 333 W. Sheridan Avenue, Oklahoma City, OK 73102		7. Lease Name or Unit Agreement Name H B 2 State
4. Well Location Unit Letter <u>K</u> : <u>1980</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>2</u> Township <u>24S</u> Range <u>29E</u> NMPM <u>Eddy</u> County <u>NM</u>		8. Well Number <u>5</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3067' GL		9. OGRID Number 6137
		10. Pool name or Wildcat Cedar Canyon; Bone Spring

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 06/10/20 Notify OCD of intent.
- 06/11/20 Set 5 1/2 CIBP @ 8050'.
- 06/12/20 Verify 5 1/2 CIBP @ 8050' w/2 7/8 tbg. Test well 500 psi. Good. Circ 195 bbl MLF. Spot 25 sx class H cmt @ 8050'. Tag TOC @ 7845'. Spot 25 sx class C cmt @ 6950'-6700'. Spot 45 sx class C cmt @ 5000'-4750'. Perf/pressure up @ 3150'. Spot 60 sx class C cmt @ 3450'-2850'. Tag TOC @ 2827'.
- 06/15/20 Perf/sq 45 sx class C cmt @ 700'-525'. Tag TOC @ 487'. 5 1/2 x 8 5/8. Perf/circ 40 sx class C cmt @ 140'-surf. 5 1/2 x 8 5/8. Verify cmt @ surf.
- 06/16/20 RD P&A equipment, cut off WH, anchors, set dry hole marker, clean location. P&A complete.

Spud Date:

Rig Release Date:

Approved for plugging of well bore only. Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us

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

SIGNATURE Jimmy Bagley TITLE Agent DATE 6/17/20

Type or print name Jimmy Bagley E-mail address: sunsetwellservice@yahoo.com PHONE: 432-561-8600

For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 6/18/2020

Conditions of Approval (if any):