

State of New Mexico  
Energy, Minerals and Natural Resources

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

Form C-103  
March 4, 2004

Well API NO.	30-015-32803
5. Indicate Type of Lease	<input checked="" type="checkbox"/> State <input type="checkbox"/> Fee
6. State Oil & gas Lease No.	
7. Lease Name or Unit Agreement Name	Chase 2 State Com
8. Well Number	3
9. Ogrid Number	6137
10. Pool Name or Wildcat	Carlsbad Morrow; East

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)

Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

Name of Operator

DEVON ENERGY PRODUCTION COMPANY, LP

Address and Telephone No.

20 North Broadway, Ste 1500, Oklahoma City, OK 73102

405-228-8209

Well Location

Unit Letter M 1310 feet from the SOUTH line and 1310 feet from the WEST line  
Section 2 22S Township 27E Range NMPM County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3108

12. 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 ☐ MULTIPLE COMPLETION  
☐ Other \_\_\_\_\_

SUBSEQUENT REPORT OF:

- ☐ REMEDIAL WORK ☐ ALTERING CASING  
☒ COMMENCE DRILLING OPN ☐ PLUG AND ABANDONMENT  
☐ CASING TEST AND CEMENT JOB  
☐ OTHER \_\_\_\_\_

3. 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.  
or Multiple Completions: Attach wellbore diagram or proposed completion or recompletion. If a pit or below-grade tank is involved in the operation, complete the reverse side of this form.

7/01/04 MIRUPU

7/02/04 Test csg to 1500 psi - held

7/08/04 RIH w/ perf fun & perf: 11611-11614 w/ 6 SPF, 11552-11566 w/ 6 SPF, 11542-11549 w/ 6 SPF, 11529-11536 w/ 3 SPF, 11516-11520 w/3 PF, 11472-11480 w/ 3 SPF, 11458-11462 w/ 3 SPF. Set packer @ 11,400'

7/09/04 Acidize perfs w/ 3500 gals 7.5% HCl & Methanol

7/16/04 Frac perfs w/ 73,000# 20/40 Bauxite

7/18/04 RIH w/ tbg. Turn well to test.

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

SIGNATURE Linda Guthrie TITLE Regulatory Specialist DATE 8/6/2004

type or Print name Linda Guthrie E-mail Address: linda.guthrie@dmn.com Telephone No. 405-228-8209  
(This space for State use)

APPROVED BY TIM W. GUM TITLE DISTRICT II SUPERVISOR DATE AUG 10 2004

Conditions of approval, if any: