

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

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

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| WELL API NO. 30-015-33748 | |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> | |
| 6. State Oil & Gas Lease No. | |
| 7. Lease Name or Unit Agreement Name Eddy GE State | |
| 8. Well Number | 4 |
| 9. OGRID Number | 169355 |
| 10. Pool name or Wilcat Burton Flat; Morrow (Pro Gas) | |

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| <p>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.)</p> <p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator Devon Louisiana Corporation</p> <p>3. Address of Operator 20 North Broadway, Oklahoma City, Oklahoma 73102-8260</p> <p>4. Well Location Unit Letter A : 660 feet from the North line and 1310 feet from the East line Section 23 Township 20S Range 27E NMPM County EDDY</p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3343' GL</p> <p>Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/></p> <p>Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____</p> <p>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____</p> | | <p>RECEIVED MAR 31 2005 OCD-ARTESIA (405) 552-8198</p> |
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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

2/21/05 Drill out DV tool @ 8493'. Test csg to 1500 # - OK
2/23/05 Perf 10,892-11,180'; 243 holes. TIH & set pkr @ 10,856'.
2/24/05 Acidize w/ 5000 gals of 7.5% HCl.
2/26/05 Frac w/ 23,850 gals DHSQ foam, 66,140 # (20/40) sn.
3/01/05 TIH w/ tbg & pkr. Set pkr @ 10,840'. Test csg to 1500 # - ok.
3/05/05 Bring well on line.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been, will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Norvella Adams TITLE Sr. Staff Eng. Tech. DATE 3/29/05

Type or print name Norvella Adams E-mail address: norvella.adams@dv.com Telephone No. 405-552-8198
For State Use Only

APPROVED BY: FOR RECORDS ONLY DATE APR 04 2005
Conditions of Approval (if any):