State of New Mexico Form C-103 Submit 3 Copies Revised 1-1-89 to Appropriate .gy, Minerals and Natural Resources Departme. District Office DISTRICT I WELL API NO OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 30-015-31189 P.O. Box 2088 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 STATE 🛛 FEE 🗌 DISTRICT III 6. State Oil & Gas Lease No. 1000 rio Brazos Rd, Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO Veranda 16 State Com DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well Other 2. Name of Operator 8. Well No. **DEVON SFS OPERATING, INC.** 3. Address of Operator 9. Pool name or Wildcat 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611 Kennedy Farms Morrow Unit Letter O:660 Feet From The South Line and 1980 Feet From The East Range 26E **NMPM** Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER: 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. Spud well on 2/21/01 at 1930 hrs and drld a 17-1/2" hole to 350'. On 2/22/01 ran 8 jts 13-3/8" 48# H-40 ST&C csg, set @ 350'; cemented w/ 150 sx 35:65 poz class "C" + 200 sx class "C". 85 sx cmt returned to surface. Drld 12-1/4" hole to 1425'. On 2/24/01 ran 32 jts 8-5/8" 32# J-55 ST&C csg, set @ 1424'; cemented w/ 150 sx class "H" + 450 sx 35:65 poz class "C" + 200 sx class "C". Calculated top of cement 200'. Drilling 7-7/8" hole.

TITLE ENGINEERING TECHNICIAN

TITLE

DATE 3/7/01

DATE

TELEPHONE NO. (405) 235-3611

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

Tonja Rutelonis

SIGNATURE ~

TYPE OR PRINT NAME

(This space for State use)

Conditions of approval, if any