

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88203

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM  
87410

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
**30-015-31921 - Federal Well**

5. Indicate Type of Lease  
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
Crow Flat 20 Fed Com

8. Well No.

2

9. Pool name or Wildcat  
Crow Flat (Morrow)

**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

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

DEVON SFS OPERATING, INC.

3. Address of Operator

20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 228-7512

4. Well Location

Unit Letter C: 1310 Feet From The North Line and 1730' Feet From The West Line

Section 20

Township 16S

Range 28E

NMPM

Eddy

County

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

3587' GR

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: ☐

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.

Due to the low volume of production from this well and the limited value of the data that will be obtained from a 4-point test. Devon requests a wavier of the 4-point test.

Production on 1/23/02 5 BO 3 BW 339 MCF

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

SIGNATURE Karen Cottom

TITLE ENGINEERING TECHNICIAN

DATE February 14, 2002

TYPE OR PRINT NAME Karen Cottom

TELEPHONE NO. (405) 235-3611

(This space for State use)

**ORIGINAL SIGNED BY TIM W. GUM**  
**DISTRICT II SUPERVISOR**

**FEB 21 2002**

Approved by \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

Conditions of approval, if any: