

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

NOV 1-89

O. C. D.

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-1483

7. Lease Name or Unit Agreement Name

E+2 State Unit (Tr 4)

8. Well No.

1

9. Pool name or Wildcat

Grayburg I-SR-2-6-SA

SUNDRY NOTICES AND REPORTS ON WELLS ARTESIA, OFFICE
(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 Energy Corporation

3. Address of Operator

1500 Mid-America Tower, OKla. City, OK 73102

4. Well Location

Unit Letter O : 330 Feet From The South Line and 1980 Feet From The East Line

Section

16

Township

17S

Range

30E

NMPM

Eddy

County

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

3625 GR

11.

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: ☐

12. 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.

Note: 7" csg set at 2534 ft. Open Hole to 3275 ft. Top of San Andres ± 2900 ft.
1. MIRU pulling unit. Pull rods & pump. Shop pump for repairs. Install BOP's
Pull tbg. Run GR-CL from 3000 ft to 2000 ft. Determine top of San Andres.
2. Plug back to top of San Andres using pea gravel w/ 35 ft cmt cap.
3. Determine from log if any Grayburg sds are behind pipe. If so, perforate.
4. Run tbg, rods & pump. Place well back on production.

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

SIGNATURE

J.M. Duckworth

TITLE

District Engineer

DATE 10-31-89

TYPE OR PRINT NAME

J.M. Duckworth

TELEPHONE NO (405) 235-3611

(This space for State Use)

APPROVED BY

Mike Williams

TITLE

SUPERVISOR, DISTRICT II

DATE

NOV 6 1989

CONDITIONS OF APPROVAL, IF ANY: