Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED
NOV 1 - '89
O. C. D.

Form C-103
Revised 1-1-89

WELL API NO.

5. Indicate Type of Lease STATE ☒ FEE ☐

6. State Oil & Gas Lease No. B-1483

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.)

7. Lease Name or Unit Agreement Name: Etz State Unit (Tr 4)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: Deven Energy Corporation

8. Well No. 2

3. Address of Operator: 1500 Mid-America Tower, Okla. City, OK 73102

9. Pool name or Wildcat: Grayburg J-Sf. Q-G-SA

4. Well Location
Unit Letter J : 1650 Feet From The South Line and 1650 Feet From The East Line

Section 16 Township 17S Range 30E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3676 GR

11. 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: Change pump & PB to Grayburg	☐			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: 4½" csg set at 3350 ft. Top San Andres perf at 2928 ft. Bottom Grayburg perf at 2812 ft.

1. MIRU pulling unit. Pull rods & pump. Shop pump for repairs. Install BOP's. Pull tbg. Run csg scraper to 2930 ft.
2. Set CIBP at 2900 ft. Dump 35 ft of cmt on top.
3. Run tbg, rods & pump. Return well to 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: