

CSF  
ep

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

WELL API NO. <b>30-015-00178</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. NA
7. Lease Name or Unit Agreement Name Atoka San Andres Unit
8. Well No. 106
9. Pool name or Wildcat Atoka San Andres

### 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 Water Injection

2. Name of Operator  
**DEVON ENERGY PRODUCTION COMPANY, L.P.**

3. Address of Operator  
**20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611**

4. Well Location  
Unit Letter E:660 Feet From The EAST Line and 2977 Feet From The SOUTH Line

Section 11 Township 18S Range 26E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3308'

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.

Devon Energy Production Co. LP.

4/25/02

Rig up Hughes Services pump 500 gallons 15% HCL Acid + 420 gallons fresh water flush. Pump acid at 1 1/2 bbls per min at 1100# pressure.

Return to injection.

No down hole work was required.

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

SIGNATURE Josie Paul TITLE ENGINEERING TECHNICIAN

DATE 5/2/02

TYPE OR PRINT NAME Josie Paul

TELEPHONE NO. (505) 748-0160

(This space for State use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

TITLE \_\_\_\_\_

DATE MAY 7 2002

Accepted for record - NMOCDD