

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

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

DISTRICT III
1000 no Brazos Rd, Aztec, NM 87410

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

WELL API NO. 3001500818 813
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name West Red Lake Unit
8. Well No. 6
9. Pool name or Wildcat Red Lake Qn-Grbg-SA

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 ENERGY CORPORATION (NEVADA)

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

4. Well Location
Unit Letter K: 2460 Feet From The South Line and 2580 Feet From The West Line

Section 7 Township 18S Range 27E NMPM Eddy County

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

3294 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.

On approximately November 4, 1996, the following workover is planned: Set CIBP @ $\pm 1500'$ above San Andres perms @ 1582'-1754' & squeeze cmt Grayburg perms @ 998'-1007'. Well will be TA'd while evaluating possible conversion to injection.

NOTIFY OCD PRIOR TO CSC PRESSURE TEST.

RECEIVED

NOV - 1 1996

**OIL CON. DIV.
DIST. 2**

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

SIGNATURE E. L. Buttross Jr. TITLE DISTRICT ENGINEER

TYPE OR PRINT NAME E. L. Buttross Jr.

DATE

TELEPHONE NO. (405) 235-3611

(This space for State use)

Approved by ORIGINAL SIGNED BY TIM W. GUM

Conditions of approval, if any, DISTRICT II SUPERVISOR

TITLE

DATE NOV 4 1996