State of New Mexico ergy, Minerals and Natural Resources Depart.

Form C-103 Revised 1-1-89

District Office	lergy, wither are and water at Resources Depart.		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-015-01205
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE ☐ FEE ☒
DISTRICT III 1000 rio Brazos Rd, Aztec, NM 87410	Suita 1 c, 1 co	**************************************	6. State Oil & Gas Lease No.
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 JACKSON
I. Type of Well Gas Well Other Other			
2. Name of Operator DEVON ENERGY CORPORATION (NEVADA)			8. Well No.
3. Address of Operator 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611			9. Pool name or Wildcat RED LAKE QUEEN GRAYBRUG QUEEN
4 Well Location Unit Letter M:660 Fee	et From The SOUTH	Line and 330 Feet F	rom The <u>WEST</u> Line
Section 7		27-E NMPM	EDDY County
	10. Elevation (<i>Show whe</i> 3282 GR	ther DF, RKB, RT, GR, etc.)	
Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data			
			NT REPORT OF:
PERFORM REMEDIAL WORTEMPORARILY ABANDON PULL OR ALTER CASING OTHER:	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB	ALTERING CASING PLUG AND ABANDONMENT
		OTHER: INTEGRITY TEST	\boxtimes
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.			
Set CIBP at 904.46'.			
Ran mechanical integrity test 11-20-97. RU pump truck and load csg w/water. Pressure tested csg to 300 psi for 30 mins. OK. Chart attached.			
We are requesting 12 months TA status. While evaluation for use in a water flood.			
This Approval of Abandonment Expir		0101	NOV 1997 RECEIVED 129 OCD - ARTESIA RECEIVED 129 OCD - ARTESIA RECEIVED 129 OCD - ARTESIA
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE ON.	M. Haul TITL	E ENGINEERING TECHNICIAN	DATE <u>11-24-97</u>
TYPE OR PRINT NAME	Josie M. Faul		TELEPHONE NO. (405) 235-3611
(This space for State (19e) Approved by Conditions of approval, if any:	Livingston	E OIL AND GAS INSPECTOR	DATE 12-1-97