

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. 30-015-01205
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 Jackson
8. Well No. 1
9. Pool name or Wildcat Red Lake Queen Graybrug Queen

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 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 M: 660' Feet From The South Line and 330' Feet From The West Line

Section 7 Township 18S Range 27E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3282 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: Integrity Test ☒

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.

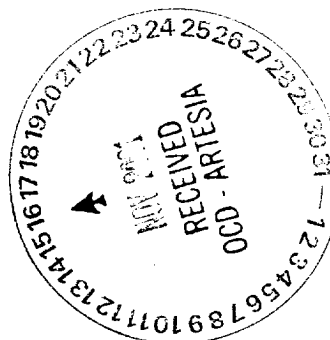
CIBP @ 904.46'

Ran mechanical integrity test 11/06/01. Rig up I&W pump truck and load casing with water. Pressure test casing to 400# for 30 min. Lost 20#.
Called OCD all were out of town. Rig down pump truck.

See attached chart.

We are requesting a TA Status.

Temporary Abandoned Status approved
until 11-6-02



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

SIGNATURE Josie M. Paul

TITLE ENGINEERING TECHNICIAN

DATE 11/14/2001

TYPE OR PRINT NAME Josie M. Paul

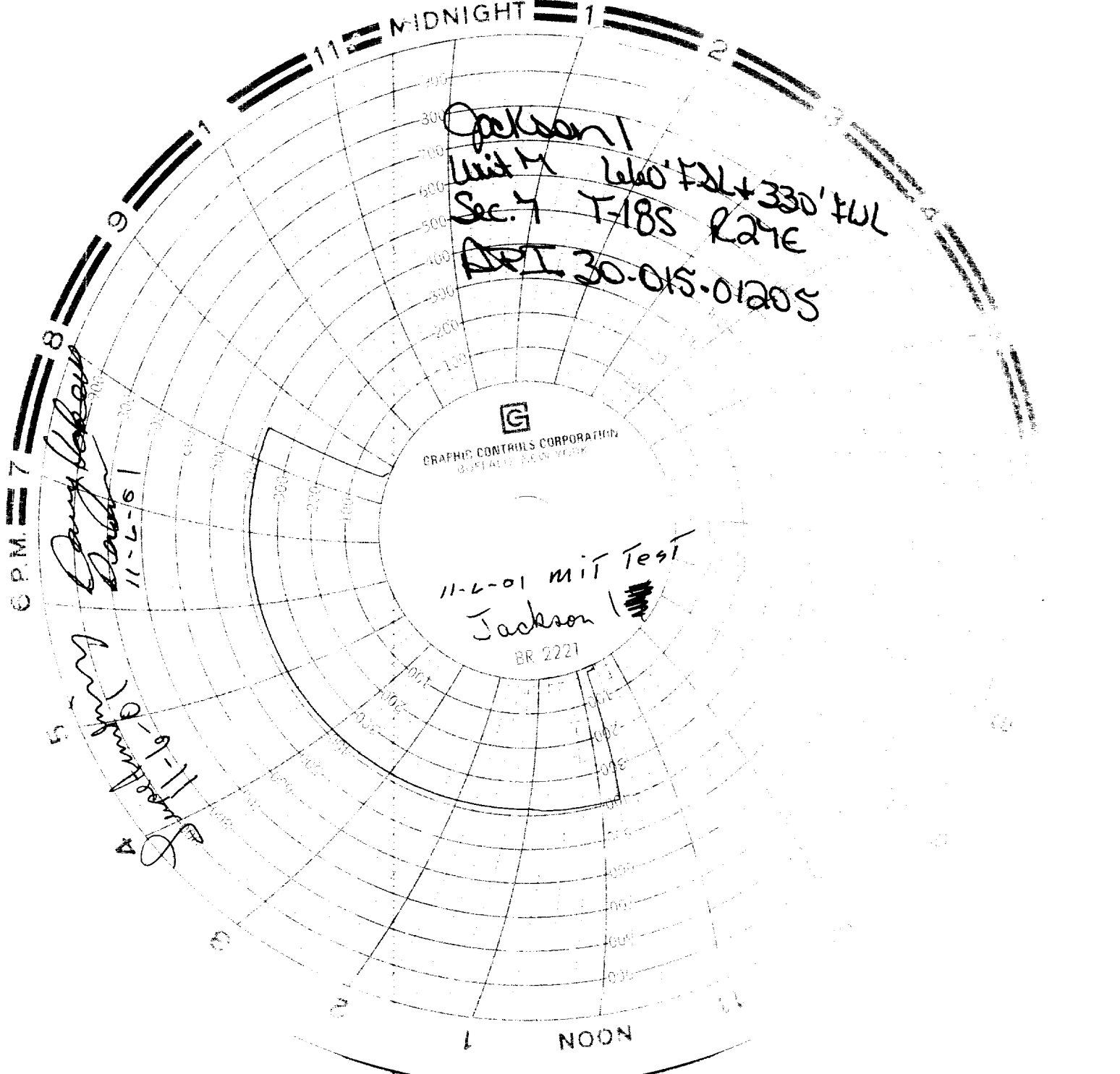
TELEPHONE NO. (505) 748-3371

(This space for State use)

Approved by [Signature]
Conditions of approval, if any:

TITLE Compliance Officer

DATE 11-26-01



Jackson 1
Unit M 640' FSL + 330' FWL
Sec. 7 T-18S R27E
API 30-015-01205


GRAPHIC CONTROLS CORPORATION
JULY 1961 NEW YORK

11-6-01 mit Test
Jackson 1
BR 2221

C.P.M. 7
11-6-11
11-6-11

11-6-11
11-6-11

NOON

