Submit 3 Copies to Appropriate District Office	<del>-</del>	of New Mexico Natural Resources Department	Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O	VATION DIVISION  D. Box 2088  Mexico 87504-2088	WELL API NO.  30-015-30132  5. Indicate Type of Lease  STATE ☐ FEE ☒
DISTRICT III 1000 rio Brazos Rd, Aztec, NM 87410			6. State Oil & Gas Lease No.
(DO NOT USE THIS F	NDRY NOTICES AND REPORTS OF ORM FOR PROPOSALS TO DRILL OR TO DE ERENT RESERVOIR. USE "APPLICATION FORM C-101) FOR SUCH PROPOSALS	EEPEN OR PLUG BACK TO A OR PERMIT"	7. Lease Name or Unit Agreement Name Kaiser B
1. Type of Well  Oil  Well  Gas Well  Well	Other		
2. Name of Operator  DEVON ENERGY CORPORATION (NEVADA)			8. Well No.
Address of Operator     NORTH BROAD	WAY, SUITE 1500, OKLAHOMA CITY, OKLA	HOMA 73102 (405) 235-3611	9. Pool name or Wildcat Red Lake;Glorieta-Yeso
4 Well Location Unit Letter F:2310 Fee	et From The <u>North</u>	Line and 1650 Feet	From The West Line
Section 18	Township 18S Range		Eddy County
	10. Elevation (Show whe	ther DF, RKB, RT, GR, etc.) = 3298'	
	Check Appropriate Box To Indicate 1	Nature Of Notice, Report, Or Ot	ther Data
NOTICE	OF INTENTION TO:	SUBSEQUE	ENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING	☐ CHANGE PLANS ☐	REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB	ALTERING CASING PLUG AND ABANDONMENT
OTHER: Perf & stimulate San		OTHER:	
Devon Energy Corpor pump. ND wellhead, N Perf Lower San Andre	operations (Clearly state all pertinent details, and give per ation (Nevada) plans to perforate a NU BOP. TOH w/ tbg. PU CIBP (es @ 1624'-1987'. Acidize San Ar.)'. Run pumping equipment & pur	and stimulate the San Andres & TIH on tbg, set CIBP @ ± adres perfs 1624'-1987'. TOF	as follows: TOH w/ rods & 2320'. Test CIBP to 1000 psi. H & frac down csg. Run 2-7/8"

drill out CIBP & production from the San Andres and Yeso will be commingled per NMOCD Administrative Order DHC-2507.

I hereby certify that the information above is tode and complete to the best of my knowledge and belief.  SIGNATURE TITLE ENGINEERING TECHNICIAN DATE 12/8/99  TYPE OR PRINT NAME Tonja Rutelonis TELEPHONE NO. (405) 235-3611	100 11 VV					
SIGNATURE	I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
TYPE OR PRINT NAME Tonja Rutelonis TELEPHONE NO. (405) 235-3611	SIGNATURE Min Futerous	TITLE ENGINEERING TECHNICIAN	DATE 12/8/99			
	TYPE OR PRINT NAME Tonja Rutelonis		TELEPHONE NO. (405) 235-3611			

(This space for State use)

lim W. Sweet Approved by Conditions of approval, if any:

TITLE District Supervisor DATE 12-10-1