Submit 3 Copies to Appropriate District Office	State of New Mexico gy, Minerals and Natural Resources Department			Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO. 30-015-30132 5. Indicate Type of Lease
P O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 rio Brazos Rd, Aztec, NM 87410	Santa Fe, New Mexico 87504-2088			STATE FEE 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.) 1. Type of Well				7. Lease Name or Unit Agreement Name Kaiser B
Oil Gas Well Other 2. Name of Operator V				8. Well No.
DEVON ENERGY CORPORATION (NEVADA)				6
3. Address of Operator 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611				9. Pool name or Wildcat Red Lake;Glorieta-Yeso
4 Well Location Unit Letter F:2310 Feet From The North Line and 1650 Feet From The West Line				
Unit Letter F:2310 F	eet From The North		Line and 1000 reet i	Toni The West Line
Section 18	Township 18S	Range	27E NMPM ther DF, RKB, RT, GR, etc.)	Eddy County
KB 3299'; GL 3290'; DF 3298'				
Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
NOTIC			SUBSEQUE	_
PERFORM REMEDIAL WOR		닐	REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS	Ш	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	L			∐
OTHER:		_凵	OTHER: <u>Drill out CIBP to downhole</u>	
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.				
1/25/99 RU Key Well Service. TOH w/ rods, pump & tbg. TIH w/ 4-3/4" bit, drill collars & tbg. Drilled out CIBP @ 2320'. TOH w/ bit, DC & tbg. Ran tbg, pump & rods & set SN @ 3003'. Began pump testing.				
Downhole commingled San Andres (1624'-1987') and Yeso (2716'-3024') perforations per NMOCD Administrative Order DHC-2507.				
Administrative Ord	Ci Dife-2307.			S 1112 1374
				4 53
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE MA	i Kateloms	TITLE	ENGINEERING TECHNICIAN	DATE <u>2/8/00</u>
TYPE OR PRINT NAME	Tonja Rutelonis			TELEPHONE NO. (405) 235-3611
(This space for State use)	Sim w. Jum		District Superviso	v
Approved by Conditions of approval, if any:	- July	TITLE		DATE Z-27-cc