

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CISF
Op

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.
30-015-30317

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
STATE "BW" COM.

8. Well No.

2

9. Pool name or Wildcat

Travis (Upper Penn)

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), Wally Frank X4595

3. Address of Operator

20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611

4. Well Location

Unit Letter G : 2210 Feet From The NORTH Line and 2310 Feet From The EAST Line

Section 27 Township 18S Range 28E NMPM EDDY County

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

GL 3570.9', KB 3585'

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 ☐

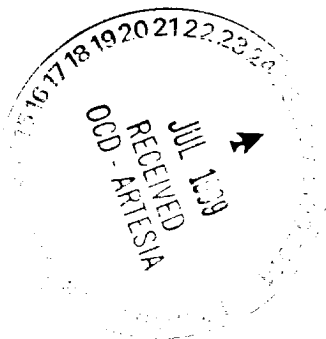
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: place on pump ☒

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.

07-15-1999 thru 07-19-1999 Loaded tubing. NU BOP. Unset packer. TOH with 2 7/8" tubing, laid down packer. Reran 2 7/8" production tubing, SN set at 9726'. ND BOP, NU wellhead. Ran rods and 2 1/2" x 1 3/4" x 22' pump. Hung well on. Respaced well. Began pump testing. Rebalanced unit.



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

SIGNATURE Candace R. Graham

TITLE ENGINEERING TECHNICIAN

DATE July 23, 1999

TYPE OR PRINT NAME Candace R. Graham

TELEPHONE NO. (405) 235-3611

(This space for State use)

Approved by Jim W. Green

TITLE District Supervisor

DATE 7-27-99

Conditions of approval, if any: