

c/sr

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. <b>30-015-27236</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-6705
7. Lease Name or Unit Agreement Name CACTUS STATE
8. Well No. 1
9. Pool name or Wildcat Catclaw Draw, East (Delaware)

**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)**

3. Address of Operator  
**20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611**

4. Well Location  
Unit Letter C : 960 Feet From The north Line and 1860' Feet From The west Line

Section 16 Township 21S Range 26E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
GL 3295.1'

Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data

**NOTICE OF INTENTION TO:**

**SUBSEQUENT REPORT OF:**

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
☐

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: placed on pump ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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

11-01-96 thru 11-02-96 Rig up pulling unit. Kill well w/440 bbls produced water. Removed wellhead, NU BOP.

TIH, tagged up at 3580', no fill. TOH w/tbg. TIH w/2 7/8" production string, SN at 3250' (lowered tbg). ND BOP.

TIH w/pump and rods. Set pump jack. Began pumping. Rig down pulling unit.

RECEIVED

JAN 30 1997

FILED

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 January 27, 1997

TYPE OR PRINT NAME Candace R. Graham

TELEPHONE NO. (405) 235-3611

(This space for State **ORIGINAL SIGNED BY TIM W. GUM**  
**DISTRICT II SUPERVISOR**

Approved by  
Conditions of approval, if any:

TITLE

DATE JAN 31 1997