

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>30-015-27739</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-539
7. Lease Name or Unit Agreement Name CACTUS STATE
8. Well No. 2
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 F : 1980 Feet From The north Line and 1945' Feet From The west Line

Section 16 Township 21S Range 26E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
GL 3292.4'

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: placed 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.

06-05-96 Rig up pulling unit. Kill well w/10# brine. ND tree, NU BOP.  
TOH w/tbg. TIH w/2 7/8" tbg, SN at 3287'. ND BOP, installed wellhead.  
TIH w/pump and rods. Began pumping. Rig down pulling unit.

RECEIVED  
SEP 24 1996  
OIL CONSERV. DIV.  
SANTA FE, N.M.

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  
TYPE OR PRINT NAME Candace R. Graham

DATE September 20, 1996  
TELEPHONE NO. (405) 235-3611

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

Approved by \_\_\_\_\_ TITLE \_\_\_\_\_  
Conditions of approval, if any:

DATE SEP 27 1996