

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-28212
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NMK-433
7. Lease Name or Unit Agreement Name CACTUS STATE
8. Well No. 5
9. Pool name or Wildcat Catchlaw 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 **D** : **990** Feet From The **north** Line and **990'** Feet From The **west** Line

Section **16** Township **21S** Range **26E** NMPM **Eddy** County

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

GL 3262'

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.

10-31-96 thru 11-01-96 Rig up pulling unit. Kill well w/lease water. Removed wellhead, NU BOP.

TIH, tagged up at 3360', no fill. TOH w/tbg. TIH w/2 7/8" production string, SN at 3167' (lowered tbg). ND BOP.

TIH w/pump and rods. Set pump jack. Began pumping. Rig down pulling 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 January 27, 1997

TYPE OR PRINT NAME Candace R. Graham

TELEPHONE NO. (405) 235-3611

(This space for State use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

Approved by _____ TITLE _____
Conditions of approval, if any:

DATE **JAN 31 1997**