Submit 3 Copies to Appropriate District Office	Energy, Minera	State o	of New Mexico Natural Resources Department	Form C-103 Revised 1-1-89
<u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION			WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088			30 015 20496 5. Indicate Type of Lease STATE ☑ FEE □
DISTRICT III 1000 no Brazos Rd, Aztec, NM 87410	Aug Santa I	e, Nev	v Mexico 87504-2088	6. State Oil & Gas Lease No. L-6705
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.)				7. Lease Name or Unit Agreement Name Cactus State
1. Type of Well Oil Gas Well Other				
2. Name of Operator DEVON ENERGY CORPORATION (NEVADA)				8. Well No.
3. Address of Operator				9. Pool name or Wildcat
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611				Catclaw Draw, Delewatue East
4 Well Location				
Unit Letter <u>O:830</u> Fe	et From The <u>South</u>		Line and 2260 Feet	From The East Line
Section 16	Township 21S 10. Elevation (Section 1)		26E NMPM E ther DF, RKB, RT, GR, etc.)	dky County
Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WOR TEMPORARILY ABANDON PULL OR ALTER CASING OTHER:	PLUG AND ABANDON CHANGE PLANS		REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB OTHER:	ALTERING CASING PLUG AND ABANDONMENT
13. Describe Proposed or Completed	Operations (Clearly state all pertinent details, and	give perti		iny proposed work.) SEE RULE 1103.
Devon Energy proposes to drill the entire Delaware Formation and stop at the Bone Springs at ± 4300', if uphole Geological Samples in the Deleware appear marginal. This will allow the complete Delaware section to be shown on open hole logs.				
				RECEIVED
				AUG 1 7 1995
				OIL CON. DIV. DIST. 2
I hereby certify that the informati	ign above is true and complete to the best of m	v knowle	dge and belief	
	A ///			
SIGNATURE / SIGNATURE	Challen	TITLE	DISTRICT ENGINEER	DATE <u>August 3, 1995</u>
TYPE OR PRINT NAME	Charles W. Horsman			TELEPHONE NO. (405) 235-3611
(This space for State use) Approved by Conditions of approval, if any:	nal gioneo ev tim (v. gum) 107 () gustervicum	TITLE		DATE AUG 2 1 1995