Form C-103 State of New Mexico Submit 3 Copies Revised 1-1-89 to Appropriate District Office rgy, Minerals and Natural Resources Departm DISTRICT I P.O. Box 1980, Hobbs, NM 88240 WELL API NO. OIL CONSERVATION DIVISION 30-015-28496 P.O. Box 2088 5. Indicate Type of Lease DISTRICT II P.O. Drawer DD, Artesia, NM 88210 STATE 🛛 Santa Fe, New Mexico 87504-2088 6. State Oil & Gas Lease No. 1000 no Brazos Rd, Aztec, NM 87410 L-6705 7. Lease Name or Unit Agreement Name SUNDRY NOTICES AND REPORTS ON WELLS **Cactus State** (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIX" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well ☐ Gas Mell Oil Other 8. Well No. 2. Name of Operator **DEVON ENERGY CORPORATION (NEVADA)** 9. Pool name or Wildcat 3. Address of Operator Catclaw Draw, East (Delaware) 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611 4 Well Location Unit Letter O: 830 Feet From The south Line and <u>2260</u> Feet From The east Township 21S Range 26E **NMPM** Section 16 Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.)

C15/1

FEE

Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF

PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON CHANGE PLANS		REMEDIAL WORK COMMENCE DRILLING OPNS.		ALTERING CASING PLUG AND ABANDONMENT	
PULL OR ALTER CASING			CASING TEST AND CEMENT JOB			
OTHER:	 		OTHER: Additional perforations a	and stim	ulation	_🗵

05-21-96 thru 05-24-96 TOH w/rods, pump and tbg. RU Wedge WL. Perf'd Cherry Canyon 3138-3193' w/36 holes (.40" EHD). Set RBP at 3225', packer at 3016'.

Acidized perfs 3138-3193' down tbg w/2500 gals 7 1/2% HCl acid + 60 BS at AIR 6 BPM w/1300 psi. ISIP 550 psi. TOH w/packer.

Frac'd perfs 3138-3193' down csg w/17,500 gals 30# X-Link gel + 46,000# 12/20 Brady sd at AIR 20 BPM w/1100 psi. Screened out.

Cleaned out sand w/air to top of RBP. TOH w/RBP. Ran 2 7/8" tbg, SN at 3094'. Ran pump and rods. Returned to production.

I hereby certify that the information above is true and complete to the best of n SIGNATURE Candace R. Laham	ny knowledge and belief. TITLE ENGINEERING TECHNICIAN	S	
TYPE OR PRINT NAME Candace R. Graham	DATE September 23, 1996 TELEPHONE NO. (405) 235-3611		
(This space for State use) ORIGINAL SIGNED TO TO TO TO THE		OCT 1 1996	
Approved by Conditions of approval if any	-TITLE	DATE	

^{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.