

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. 30-015-29773
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name AVALON "15C" STATE COM.
8. Well No. 1
9. Pool name or Wildcat Und. Avalon (Morrow Gas)

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 proposed gas well

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 : 660 Feet From The north Line and 1650 Feet From The west Line

Section 15 Township 21S Range 26E NMPM Eddy County

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

GL 3192'

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

NOTICE OF INTENTION TO:

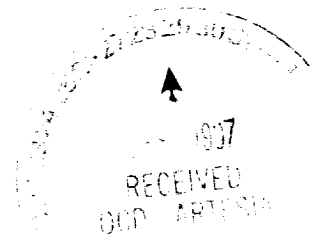
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Amend APD drilling program ☒

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.

Please be advised, concerning the Avalon "15C" State Com. #1, that Devon Energy Corporation (Nevada) plans to change the proposed drilling bit size for the intermediate hole from 12 1/4" to 11" (Tim Gum gave verbal approval on September 23, 1997).



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 September 25, 1997

TYPE OR PRINT NAME Candi Graham

TELEPHONE NO. (405) 235-3611

(This space for State use)

Approved by ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR
Conditions of approval, if any:

TITLE _____

DATE SEP 30 1997