

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.
30-015-30337

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.
Federal

7. Lease Name or Unit Agreement Name
WINSTON

8. Well No.
4 SWD

9. Pool name or Wildcat
SWD (Devonian)

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 SWD

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 Lot 2 : 1535 Feet From The NORTH Line and 660 Feet From The WEST Line

Section 31 Township 21S Range 24E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GL 3810'

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: Commenced Disposal / Administrative Order No. SWD-723 ☒

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.

Finished building tank battery.
3 1/2" packer is set at 10,135' on 5" IPC tubing.
Disposal interval is 10,205-11,000' Devonian open hole.

COMMENCED DISPOSAL on March 18, 1999.

Post ID-2
4-30-99
com p

Federal Well
State Jurisdiction

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 March 24, 1999

TYPE OR PRINT NAME Candace R. Graham

TELEPHONE NO. (405) 235-3611

(This space for State use)

Approved by [Signature]
Conditions of approval, if any:

TITLE _____

DATE _____