

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

C/SF
DP

OIL CONSERVATION DIVISION

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

WELL API NO. 30-015-20341
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-952
7. Lease Name or Unit Agreement Name Todd "36D" State
8. Well No. 1
9. Pool name or Wildcat Ingle Wells (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 <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> 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 <u>K-1980</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>west</u> Line
Section <u>36</u> Township <u>23S</u> Range <u>31E</u> NMPM <u>Eddy</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GL 3499.4'

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>MIT and chart</u> <input checked="" type="checkbox"/>	

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

RU kill truck. Put 300 psi on csg for 15 mins and ran a chart. Well tested okay. RD. Chart attached.

Test witnessed by Gary Williams with NMOCD

RECEIVED

OCT 23 1995

OIL CON. DIV.
DIST. 2

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE <u>Candi Graham</u>	TITLE <u>ENGINEERING TECHNICIAN</u>	DATE <u>October 20, 1995</u>
TYPE OR PRINT NAME <u>Candi Graham</u>		TELEPHONE NO. <u>(405) 235-3611</u>

(This space for State use)
ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

Approved by _____	TITLE _____	DATE <u>NOV 1 1995</u>
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Conditions of approval, if any: