

Submit: 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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 87501-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
K-952

7. Lease Name or Unit Agreement Name

Todd 36E State

8. Well No.

3

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:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Devon Energy Corporation (Nevada)

3. Address of Operator

20 N. Broadway, Suite 1500, Oklahoma City, OK 73102

4. Well Location

Unit Letter E : 1650 Feet From The North Line and 330 Feet From The West Line

Section 36 Township 23 South Range 31 East NMPM Eddy County

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

3481' GR

11.

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: set surface casing ☒

12. 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.

On 8/8/94, we set 858' of 13 3/8", 48 ppf, H-40 surface casing in a 17 1/2" open hole. The casing was cemented to surface with the following cement slurries:

500 sx 35/65 Pos C + 6% gel + 2% SL + 1/4 #/sx D-29

200 sx Class C + 2% S-1

We circulated 205 sxs cement to surface.

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

SIGNATURE Karen Rosa TITLE Engineering Assistant DATE 8/9/94

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE SEP 6 1994

CONDITIONS OF APPROVAL, IF ANY: