

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 87504-2088

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 36-E 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 AND ABANDON 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 intermediate 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 08/14/94, we ran 8 5/8 " csg as follows: 98 jts 8 5/8" 32# J-55 8rd sT&C (4372').
The casing was cemented as follows by Dowell-Schlumberger:

1400 sks 35/64 Pos C+6% D-20 + 15#/sk D-44 + #/sk D-29 + 0.2% D-46.
200 sks Class C + 2% S-2 + 1/4 #/sk D-29.

We circulated 195 sx cement to surface..

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

SIGNATURE Linda Diepenbrock TITLE Engineer Tech

DATE 8-30-94

TYPE OR PRINT NAME Linda Diepenbrock

TELEPHONE NO. (405) 552-4511

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE OCT 12 1994

CONDITIONS OF APPROVAL, IF ANY: