Submit 3 Copies to Appropriate District Office	State of New Mexico					Form C-103 Revised 1-1-89	dsi
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210 <u>DISTRICT III</u> 1000 no Brazos Rd, Aztec, NM 87410	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088					ELL API NO. 30-015-28521 Indicate Type of Lease STATE STATE State Oil & Gas Lease No. K-952	FEE
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.)						Lease Name or Unit Agreemen Todd "36K" State	nt Name
1. Type of Well Gas Oil Gas Well Well 2. Name of Operator V						Well No.	
DEVON ENERGY CORPORATION (NEVADA) 3. Address of Operator 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611						5 Pool name or Wildcat Ingle Wells (Delaware)	
4 Well Location Unit Letter K : 2310 Feet From The south Line and 1650 Feet From The west Line							
Section 36	Township	manifestation and the second	Range Show whet	31E N her DF, RKB, RT, GR, etc.)	MPM	Eddy County	
		GL 3493	,				
Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:							
						-	
PERFORM REMEDIAL WOR TEMPORARILY ABANDON		PLUG AND ABANDO CHANGE PLANS		REMEDIAL WORK COMMENCE DRILLING OPN	s. 🗆	ALTERING CASING PLUG AND ABANDON	
PULL OR ALTER CASING				CASING TEST AND CEMEN			
OTHER:				OTHER: <u>Amend propose</u>	d total depth		\square
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. Devon Energy Corporation (Nevada) has revised proposed drilling operations for the Todd "36K" State # 5 as follows:							
1. Drill this well to 8750' rather than the original 8600'.					R	ECEIVE	\mathfrak{D}
2. Spud this well on or about April 1, 1996.						FEB 2 3 1395	
					ÔI	L CON, DIV Dist. 2	7 (5
I hereby certify that the information	on above is true	and complete to the best of	my knowled	lge and belief.		······································	
signature Cand	i Gr	sham	TITLE	ENGINEERING TECHNICIAN		DATE February 19, 1996	
TYPE OR PRINT NAME	Candi Graham					TELEPHONE NO. (405) 23:	5-3611
(This space for Stat ORIGINA Approved by DISTRICT Conditions of approval, if any:	l Signad I II Super		TITLE			DATE FEB 24 199	6