Submit 3 Co; s to Appropriate District Office

State of New Mexico Engly, Minerals and Natural Resources Department

Form	C-	10	3
Revise	d 1	-1-	89

Form C-103	
Revised 1-1-89	

DISTRICT I	
P.O. Box 1980, Hobbs, NM	8824

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

5. Indicate Type of Lease STATE X

WELL API NO.

30-015-28530

Cactus State

FEE 6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

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 **DÉVON ENERGY CORPORATION (NEVADA)**

20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611

8. Well No.

9. Pool name or Wildcat

Catclaw Draw, East (Delaware)

4 Well Location

Unit Letter 1:1980 Feet From The south

Line and 990

Feet From The east

10

Section 16

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER:

Township 21S

Range 26E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) NMPM

Eddv

County

GL 3305'

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

NOTICE OF INTENTION TO:

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF: REMEDIAL WORK

ALTERING CASING

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER: APD extension

PLUG AND ABANDONMENT

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 The Application for Permit to Drill the Cactus State #10 was approved May 26, 1995.

At this time Devon Energy Corporation (Nevada) requests an extension of one year to drill this well.

OCT 1 6 1995

OIL CON. DIV.

DIST. 2

hereby certify that the information a	bove is true	and	complete to the best of my knowledge and belief.
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SIGNATURE

TITLE ENGINEERING TECHNICIAN

DATE October 13, 1995

ΓΥΡΕ OR PRINT NAME

Candi Graham

TELEPHONE NO. (405) 235-3611

This space for State use) ORIGINAL CONSESS BY TIME W. CUM

DISTRICT HEALPGON SON

OCT 2 0 1995

Approved by Conditions of approval, if any:

TITLE