Submit 3 Copies to Appro mate District Office

DISTRICT

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 ergy, Minerals and Natural Resources Depart.

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

| - | |
|--------|---------|
| WELL | API NO. |
| 30-015 | -28630 |

5. Indicate Type of Lease

STATE 🔯 FEE \square 6. State Oil & Gas Lease No.

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,)

Oil Well 2. Name of Operator

DEVON ENERGY CORPORATION (NEVADA)

3. Address of Operator

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

8. Well No.

Feet From The west

9. Pool name or Wildcat

Catclaw Draw, East (Delaware)

7. Lease Name or Unit Agreement Name

CACTUS "9L" STATE

| 4 | Well | Ţ | ocation |
|---|------|---|---------|

Section 9

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER: _

1. Type of Well

Unit Letter L: 1980 Feet From The south

Township

Other PROPOSED

Range 26E

Line and 990

NMPM

Eddy

County

Line

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

GL 3215'

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

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PLUG AND ABANDON

CHANGE PLANS

REMEDIAL WORK

COMMENCE DRILLING OPNS.

ALTERING CASING PLUG AND ABANDONMENT

CASING TEST AND CEMENT JOB

OTHER: APD extension

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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 "9L" State #1 was approved 09-06-95 and expired on 03-06-96.

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

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

TITLE ENGINEERING TECHNICIAN

DATE January 24, 1997

TYPE OR PRINT NAME

Candi Graham

TELEPHONE NO. (405) 235-3611

(This space for State use)

ORIGINAL SIGNED BY TIM W. GUM

DISTRICT II SUPERVISOR Approved by

TITLE

DATE JAN 31

Conditions of approval, if any: