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District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

District I OIL CONSERVA	TION DIVISION
District 1 P.O. Box 1980, Hobbs, NM 88240 2040 Paci	Well AFT NO.
District II Santa Fe, N	heco St. 30-045-27298
P.O.Box Drawer DD, Artesia, NM 88210	APD A
District III	STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410	E-3150-1
SUNDRY NOTICES AND REPORT	TVIX COLUMN
(DO NOT USE THIS FORM FOR PROPOSALS TO DE	
PLUG BACK TO A DIFFERENT RESERVOIR, USE "AI	(C) 24 (C) 24 (C) 25 (C
(FORM C-101) FOR SUCH PROPO	10 11 13 11 11 11 11 11 11 11 11 11 11 11
1. Type of Well:	
Oil Well Gas Well X Other	
2. Name of Operator Devon Energy Corporation	8. Well No. #473
3. Address of Operator 3300 North Butler Ave. Suite 211 Farmington	, NM 87401 9. Pool name or Wildcat Basin Frtl Coal
4. Well Location	
Unit Letter G: 1850 Feet From the NORTH Line and 1780 Feet From t	he EAST Line
Section 36 Township 31N Ran	ge R8W NMPM County: San Juan
10. Elevation (Show whether DF, RKB,	RT, GR, etc.)
6457' GL	
NOTICE OF INTENTION TO: X	o Indicate Nature of Notice, Report, or Other Data
	SUBSEQUENT REPORT OF:
	MEDIAL WORK  ALTERING CASING  AND
	MMENCE DRILLING OPNS. PLUG & ABANDON
OTHER: CBM Re-Cavitation	ASING TEST & CEMENT JOB  OTHER
OTTER. CDIVI Re-cavitation	Official Control of the Control of t
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and giv	
work) See Rule 1103.	e pertinent dates, including estimated date of starting any proposed
1000) 555 1415 1755.	
Devon Energy proposes to move in a coal cavitation rig and remove the uncemented existing 5 1/2" liner. The	
Fruitland Coal open hole interval will undergo a re-cavitation and cleanout process, and under reaming across the	
open hole interval to a diameter of approximately 10.5" from bottom of 7" casing to total depth. The well will not	
be deepened. At the end of the re-cavitation process, a 5 1/2" pre-drilled liner will be installed across the open hole	
interval and set in the 7" casing with a liner hanger as	sembly.
I herby certify that the information above is true and complete to the best of my	/ knowledge and belief.
La: Cana	1/2 00
SIGNATURE: Or Cille TITLE: Co	mpany Representative DATE: 4-3-00
TYPE OR PRINT NAME	TELEPHONE NO. (505) 324-0033
(This space for State Use)	TY OIL & GAS INSPECTOR, DIST. 49 ATE APR -5 2000
	OL WOOD INSPECTION, DIST. STATE
CONDITIONS OF APPROVAL IF ANY:	