

Submit 3 copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

District I

P.O. Box 1980, Hobbs, NM 88240

District II

P.O.Box Drawer DD, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

Well API No. **30-045-27298**

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

E-3150-1

7. Lease Name or Unit Agreement Name

NEBU

8. Well No. **NEBU #473**

9. Pool name or Well Mesaverde/

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 **Devon Energy Corporation**

3. Address of Operator **3300 North Butler Ave. Suite 211 Farmington, NM 87401**

4. Well Location

Unit Letter **G**: **1850** Feet From The **NORTH** Line and **1780** Feet From The **EAST** Line

Section **36** Township **31N** Range **R8W** NMPM County: **San Juan**

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

6655' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG & ABANDON

TEMPORARILY ABANDON ☐ CHANGE PLANS

PULL OR ALTER CASING ☐

OTHER:

☐ REMEDIAL WORK

☐ COMMENCE DRILLING OPNS.

CASING TEST & CEMENT JOB

☐ OTHER: **CBM Re-Cavitation**

SUBSEQUENT REPORT OF:

☐ ALTERING CASING

☐ PLUG & ABANDON

☐

☐

☐

☐

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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.

Re-cavitation operations commenced on 1-26-02 and ended on 2-28-02. Pressure tested 7" casing before operations began. The 5-1/2" uncemented pre-perforated liner was installed. Top of liner hanger at 3044'. Bottom of liner bit shoe at 3363'. 2-3/8" tubing set at 3353'.

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

SIGNATURE John Freier TITLE: **COMPANY REPRESENTATIVE** DATE **2/28/02**

TYPE OR PRINT NAME **JOHN FREIER**

TELEPHONE NO. **505-324-0033**

(This space for St **ORIGINAL SIGNED BY CHARLES T. PERREN** **DEPUTY OIL & GAS INSPECTOR, DIST. 1**

APPROVED BY CHARLES T. PERREN TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 1 DATE **MAR -1 2002**

CONDITIONS OF APPROVAL IF ANY: