

Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

EMNRD-OCD ARTESIA Form C-103
REC'D: 7/14/2020 Revised July 18, 2013

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.)		WELL API NO. 30-015-20935
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Devon Energy Production Company, LP		6. State Oil & Gas Lease No.
3. Address of Operator 333 W. Sheridan Avenue, Oklahoma City, OK 73102		7. Lease Name or Unit Agreement Name Cedar State
4. Well Location Unit Letter <u>K</u> : <u>1980</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>11</u> Township <u>21S</u> Range <u>27E</u> NMPM <u>Eddy</u> County		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3261' GL		9. OGRID Number 6137
		10. Pool name or Wildcat Avalon Bone Spring, East

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 07/06/20 Sqz'd into parted csg @ 5500' and top of fish w/70 sx class C cmt that should cover to 6500' didn't tag cmt just top of fish @ 5530'. Notify Gilbert w/OCD. Approve tag continue w/procedure.
- 07/07/20 Set CIBP @ 5500' - 4 1/2. Spot 30 sx class C cmt on top of CIBP displace to 5000'. No required tag inside 4 1/2 csg.
- 07/08/20 Perf @ 3085' could not get inject rate press up. Notify w/OCD. Drop down to 3135'. Spot 30 sx class C cmt. Tag TOC @ 2635' inside 4 1/2 csg. Perf @ 670' could not get inject rate press up. Perf @ 380' could not break circulation press up. Notify Gilbert w/OCD. Drop down to 720'. Circulate 50 sx class C cmt to surface inside 4 1/2 csg. RD P&A equipment, cut off WH, anchors, set dry hole marker, clean location. P&A complete.

Approved for plugging of well bore only. Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us

Spud Date:

Rig Release Date:

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

SIGNATURE Jimmy Bagley TITLE Agent DATE 7/10/20

Type or print name Jimmy Bagley E-mail address: sunsetwellservice@yahoo.com PHONE: 432-561-8600

For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 7/17/2020

Conditions of Approval (if any):