

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: 7/21/2020 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.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-36433
2. Name of Operator Devon Energy Production Company, LP		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 333 W. Sheridan Avenue, Oklahoma City, OK 73102		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>L</u> : <u>1330</u> feet from the <u>South</u> line and <u>670</u> feet from the <u>West</u> line Section <u>4</u> Township <u>19S</u> Range <u>29E</u> NMPM County <u>Eddy</u>		7. Lease Name or Unit Agreement Name Turkey 4 State
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3412' KB		8. Well Number <u>2</u>
9. OGRID Number 6137		10. Pool name or Wildcat Wildcat

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.


- 10/04/19 Notified OCD of intent. OCD ok'd to cut off pkr @ 10,580'.
- 10/09/19 Set 5 1/2" CIBP @ 10,578'.
- 10/10/19 Verify CIBP @ 10,578' w/2 3/8" tbg. Test well 500 psi. Good. Circ 250 bbl MLF. Spot 25 sx class H cmt @ 10,578'-10,378'. Tag TOC @ 10,357'.
- 10/11/19 Spot 25 sx class H cmt @ 8300'-8200'. Spot 25 sx class C cmt @ 6900'-6800'. Spot 25 sx class C cmt @ 3375'-3275'. Tag TOC @ 3113'.
- 10/12/19 Spot 25 sx class C cmt @ 415'-315'. Tag TOC @ 197'. Spot 20 sx class C cmt @ 197'-surf. Verify cmt @ surf.
- 10/14/19 RD P&A equipment, cutoff WH, 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  TITLE Agent DATE 10/15/2019  
 Type or print name Jimmy Bagley E-mail address: sunsetwellservice@yahoo.com PHONE: 432-561-8600  
**For State Use Only**

APPROVED BY:  TITLE Staff Manager DATE 7/28/2020  
 Conditions of Approval (if any):