

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

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. 30-015-34070
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		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 20 North Broadway Oklahoma City, Oklahoma 73102-8260 (405) 552-7802		7. Lease Name or Unit Agreement Name Rifleman 5
4. Well Location Unit Letter <u>A</u> : <u>990</u> feet from the <u>North</u> line and <u>990</u> feet from the <u>East</u> line Section <u>5</u> Township <u>22S</u> Range <u>26E</u> NMPM County <u>Eddy</u>		8. Well Number 4
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3263'		9. OGRID Number 6137
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Morrow
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: COMPLETION <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

07/11/05 MIRU.
07/13/05 Test csg to 1500# - ok. Spotted a 10% methanol & 2% KCl mix from PBTD up to 4500'. TOH w/tbg, collars and bit.
07/14/05 PBTD @ 11,223'. Test csg to 3000# - ok. TIH w/tbg. Swab. TOOH w/tbg.
07/18/05 TIH perforate Morrow fm 10,948'-56'; 10,978'-87'; 11,013'-20'; 11,067'-70'; 11,075'-81'; 11,108' -12' from bottom up; 137 holes. RIH w/T-2 ON/OFF tool. Set pkr @ 10,920'. TIH w/ON/OFF retrieving head on jts & tbg, latched onto pkr. Tested to 2000# - ok.
07/19/05 Tested to 1500# - ok. More / swab.
07/20/05 Acidize 10,948' - 11,112' w/4000 gals of 7.5 HCl acid & 180 balls sealers.
07/21/05 Rlsd & TOOH w/pkr.
07/22/05 Began fracing treatment 10,948' - 11,112 w/70 DHSQ binary foam; pmp'd 230 bbls gel, 297 bbls CO2 & 803 bbls SCF N2. Tried to frac well twice. Pmp;d pad on 1st job, lost N2 pump. Pumped pad on 2nd job, lost CO2 pump. Did not pump sand. Flow back.
07/25/05 TIH on wireline w/ON/OFF w/1.87" profile, 6' sub, 1.87" F nipple, 6' sub 1.87 R nipple. TIH w/ON/OFF retrv head, latch'd onto pkr, space tbg. Ld csg w/265 bbls pkr fld.
07/26/05 Tst csg to 1500# - ok. Swab.
07/28/05 Turned well over to production department.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE _____ TITLE Senior Engineering Technician DATE 9/03/05

Type or print name Stephanie A. Ysasaga E-mail address: Stephanie.Ysasaga@dvn.com Telephone No. (405) 552-7802
For State Use Only

APPROVED BY: _____ TITLE _____ DATE SEP 07 2005
Conditions of Approval (if any):