

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

Form C-103  
May 27, 2004

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 PROPOSALS.)		WELL API NO. 30-015-34176
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, L.P.		6. State Oil & Gas Lease No.
3. Address of Operator 20 North Broadway, Oklahoma City, OK 73102-8260 405-552-8198		7. Lease Name or Unit Agreement Name KAISER B 18 F
4. Well Location Unit Letter <u>F</u> : <u>2310</u> feet from the <u>North</u> line and <u>2310</u> feet from the <u>West</u> line Section <u>18</u> Township <u>18S</u> Range <u>27E</u> NMPM County <u>Eddy</u>		8. Well Number <u>7</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3285' GR		9. OGRID Number 6137
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Yeso
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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 Drilling Operations <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.

7/27/05 MIRU. TD 17 1/2" hole @ 180'. Ran in 4 jts 13 3/8", 48#, H-40 ST&C and set @ 180'. Cmt lead w/ 100 sx Cl C, tail w/ 175 sx Cl C; circ gel & spotted cmt to pits. Top of cement at 43' below ground level.  
7/28/05 Top off job; 78 sx Cl C pumped to top fill back side to surface.  
7/29/05 TD 12 1/4" hole @ 1010'. Ran in 23 jts 8 5/8", 24#, J-55 LT&C csg and set at 1010'.  
7/30/05 Cmt lead w/ 400 sx 35/65/6 Cl C + 5% salt + .25 Celloflake, tail w/ 250 Cl C + 2 % CaCl2 + 0.25 Celloflake. Vol 1,114 ft<sup>3</sup>; circ 17 bbls-49 sx to reserve. WOC 2 1/2 hrs. Temp of formula - 90 deg. Est. 8 hour comp. strength of cmt = 500 psi. Cut off 13 3/8" csg and measure down back side of 8 5/8" - Cmt dropped 65'; notified OCD office; got permission to ready mix backside. Top fill backside to surface. WOC 15 1/2 hours. Test BOP to 1000 psi.  
8/04/05 TD 7 7/8" hole at 3500'.  
8/06/05 Ran in 77 jts of 5 1/2", 15.5#, J-55 csg and set at 3500'. Cmt lead w/ 100 sx 35/65/6 w/ 5% salt, tail w/ 100 sx 60/40 w/ 5% salt. Total cmt volume = 947.5 cu/ft., approx. temp of slurry = 80 deg, est. min form temp. = 90 deg, est. 8 hr compressive strength = 500 psi. Release rig.

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 Norvella Adams TITLE Sr. Staff Eng. Tech DATE 9/13/05

Type or print name Norvella Adams E-mail address: norvella.adams@dvn.com Telephone No. 405-552-8198

For State Use Only

APPROVED BY: FOR RECORDS ONLY TITLE \_\_\_\_\_ DATE SEP 26 2005  
Conditions of Approval (if any): \_\_\_\_\_