

Submit 1 Copy 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  
October 13, 2009

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

WELL API NO. 30-015-32274
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name BURTON FLAT DEEP UNIT
8. Well Number 44 SWD
9. OGRID Number
10. Pool name or Wildcat MORROW

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 SWD

2. Name of Operator  
DEVON ENERGY PRODUCTION CO. LP

3. Address of Operator  
PO BOX 250, ARTESIA, NM 88211

4. Well Location

Unit Letter: F 3555' feet from the SOUTH line and 1660' feet from the WEST line

Section 3 Township 21S Range 27E NMPM EDDY County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3731' GL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: SWD MIT TEST ☒

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.

4-28-2014 Pressure up on casing to 500 psi and ended test at 495 psi after 30 minute period. MIT test witnessed by Paul R Swartz of the Bureau of Land Management.

NEED DESCRIPTION OF WORK DONE TO WELL,

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 Tamala J Robison TITLE FIELD ADMIN SUPPORT - OPERATIONS FIELD

DATE: 05/02/2014

Type or print name: TAMALA J. ROBISON E-mail address: Tamala.Robison@dmn.com PHONE: 575-748-0181  
**For State Use Only**

APPROVED BY: Rubio/NAE TITLE COMPLIANCE OFFICER DATE 5/7/14  
Conditions of Approval (if any):

