| Office | State of New Mex | | | Form C-103 |
|---|--|--------------------|---------------------------------|-------------------------|
| District I – (575) 393-6161 | Energy, Minerals and Natur | al Resources | | Revised July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240 | | | WELL API NO. | |
| District II - (575) 748-1283 | OIL CONSERVATION DIVISION | | 30-015-32685 | |
| No. 11 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 | - | | 5. Indicate Type of Lease | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | STATE 🔯 | FEE 🗌 |
| <u>District IV</u> - (505) 476-3460 | Santa Fe, NM 87505 | | 5. State Oil & Gas L | ease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM | | | | |
| 87505 | CEC AND DEPODITE ON WELLS | | | - 1. A |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | 7. Lease Name or Ur | iit Agreement Name |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | DADIMAN | |
| PROPOSALS.) | | | PARKWAY | |
| 1. Type of Well: Oil Well Gas Well Other | | | 3. Well Number | |
| A N | | | 20 | |
| 2. Name of Operator | | | 9. OGRID Number | |
| Devon Energy Production Company, LP | | | 6137 | |
| 3. Address of Operator | | | 10. Pool name or Wildcat | |
| 333 W. Sheridan Avenue, Oklahoma City, OK 73102 | | | Rattlesnake Well;Bonespring (G) | |
| 4. Well Location | | | | |
| Unit Letter G: | 1980_feet from theNorth | line and 1980 | feet from the | East line |
| | | | | |
| Section 28 | | Range 29E | NMPM | Eddy County, NM |
| | 11. Elevation (Show whether DR, | | | : |
| | 3340 KB; 3319' GL; 21' KB to G | L | | |
| | | | | |
| 12. Check A | ppropriate Box to Indicate Na | ture of Notice, Re | eport or Other Da | ta |
| | | , | 1 | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING [| | | | TERING CASING |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A 🖂 | | | | |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMENT J | | _ |
| DOWNHOLE COMMINGLE | | | - | |
| CLOSED-LOOP SYSTEM | | | | |
| OTHER: | | OTHER: | | |
| | eted operations. (Clearly state all pe | | ive pertinent dates, it | ncluding estimated date |
| 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. | | | | |
| proposed completion or recompletion. | | | | |
| 1 5/19/16MIRU POOH w/2 | -7/8" production tubing from 6.914" | ÷1. | | |
| 1. 5/19/16MIRU. POOH w/2-7/8" production tubing from 6,914': 2. Set CIBP @ 6,850'. Spot 25 sx Cl C @ 6,850'. Tagged TOC @ 6,540'. (B.Spring perfs @ 6,924'-7,062') | | | | |
| 3. Spot 25 sx (250') Cl C @ 5,050' – 4,800'. (T.Bone Spring @ 5,025') | | | | |
| 4. Spot 25 sx (250) C1 C @ 3,050 = 4,800 : (1.120ne spring @ 3,025) 4. Spot 35 sx C1 C @ 3,450'. Tagged TOC @ 3,096'. (T.Delaware @ 3,422'; 8-5/8" shoe @ 3,206') | | | | |
| 5. Spot 25 sx Cl C @ 1,200'. Tagged TOC @ 889'. (B. Salt @ 1,145') | | | | |
| 6 Port 5 1/2" and @ 412' Primmed 100 ar Cl C in/out @ 412' to graften (12 2/9" aloo @ 252', T Salt @ 49thy | | | | |
| Carell 100 Aing feet, | | | | |
| 7. 6/4/16—Cut wellhead off. Set dry hole marker. Wellbore plugged & abandoned. Approved for plugging of well plugging) Liability under bond is retained penuling which page under Liability under bond is retained apploased with the page under Liability under bond is retained penuling of well plugging) Approved for plugging of well | | | | |
| | | APFR | ure under behan Report | Kep Page on a TION |
| | | Vigo | 103 (Subsequent apply | IL CONSERVATION |
| Spud Date: | Rig Release Date | o. Sini | ith may be thankd state. | ARTESIA DISTRICI |
| Spud Date. | Rig Release Date | E. \F0' | EN. WWW. | JUN 08 2016 |
| | | | | 3014 0 0 1010 |
| <u> </u> | - | <u> </u> | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. RECEIVED | | | | |
| 0 | . 1 | | | |
| Manage in | la.k | | | 6-6-16 |
| SIGNATURE Komme Stack TITLE Production Technologist DATE 6-6-16 | | | | |
| | | | | |
| Type or print name Ronnie Slack | E-mail address: Ronnie.Słack@ | dvn.com PHO | NE: 405-552-4615 | |
| For State Use Only | | | | |
| //// | _ | | | |
| J. 1 cm 1 | 11 | | _ | . 1.0111 |
| APPROVED BY Alli AMA | As I TITLE COMP | HAMPE OFFI | CER DATE | 618/16 |
| APPROVED BY: fluve Conditions of Approval (if any): | As TITLE COMP | LIAMPE OFFI | <u>СЕЛ</u> DATE_ | 6/8/16 |

