

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

WELL API NO. 30-015-33165
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Grandi
8. Well Number 2
9. OGRID Number 6137
10. Pool name or Wildcat Undesignated Esperanza; Delaware

<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 SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	<b>RECEIVED</b> MAR 22 2006 OCD-ARTESIA
2. Name of Operator Devon Energy Production Company, LP	
3. Address of Operator 20 North Broadway Oklahoma City, Oklahoma 73102-8260 (405) 552-7802	
4. Well Location Unit Letter <u>D</u> : <u>660</u> feet from the <u>north</u> line and <u>660</u> feet from the <u>west</u> line Section <u>22</u> Township <u>22S</u> Range <u>27E</u> NMPM <u>Eddy</u> County <u>NM</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3103'	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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: RECOMPLETE TO DELAWARE <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.

02/21/06 – 03/18/06:

MIRU. POOH w/tbg & anchor assbly. RIH & set plug @ 11,568', set 2<sup>nd</sup> plug @ 11,500'. Dmp 35' cmt on top, PBTD @ 11,465'. Spot 25 sx Class H cmt for 100' plug @ 10,345'-10,445'. Spot 25 sx Class H cmt for 100' plug @ 8800'-8900'. TOO H w/tbg. RIH w/chem cutter, cut csg @ 7550'. POOH, LD 187 jts 5-1/2" P-110 csg casing above this point. TIH w/242 jts of tbg – EOT @ 7700'. Spot 41 sx Class H cmt for 300' plug @ 7400'-7700'. POOH & WOC 6 hrs. Spot 47 sx Class H cmt from 5540'-5400'. New PBTD at 5412'. TOO H w/tbg. Ran CBL from PBTD 5412' to surf. Perf Delaware @ 5212'-5217' & 5231'-5234'; (6SPF), 48 holes. RIH w/tbg & pkr, pkr set @ 5093'. Swab. Acidize 5212'-5234' w/1000 gal 7.5% HCL acid. Swab. Frac 5212'-5234' w/22,000# of Spectra Star sn. Rls pkr, TOO H w/tbg. Rig up swivel, C/O. TOO H w/tbg. TIH & set 9 5/8" pkr @ 5,090' w/160 jts in hole. RIH w/swab. Well unable to sustain flow, no economic reserves.

Evaluating to convert to water disposal well.

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 Sr. Staff Engineering Technician \_\_\_\_\_ DATE 03/20/06 \_\_\_\_\_

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

**For State Use Only**

**FOR RECORDS ONLY**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAR 22 2006 \_\_\_\_\_

Conditions of Approval (if any):