

Office

Energy, Minerals and Natural Resources

Revised July 18, 2013

District I - (575) 393-6161

1625 N. French Dr., Hobbs, NM 88240

District II - (575) 748-1283

811 S. First St., Artesia, NM 88210

District III - (505) 334-6178

1000 Rio Brazos Rd.,

District IV - (505) 476-3460

1220 S. St. Francis Dr., Santa Fe, NM

87505

OIL CONSERVATION DIVISION

220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-015-27106

5. Indicate Type of Lease

STATE ☐ FEE ☐ FED XX

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
TODD 27 P FEDERAL

8. Well Number 16

9. OGRID Number
613710. Pool name or Wildcat
INGLE WELLS; DELAWARE

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 LP3. Address of Operator
PO BOX 250, ARTESIA, NM 88210

4. Well Location

Unit Letter **P** : **330** feet from the **SOUTH** line and **330** feet from the **East** line
Section **27** Township **23S** Range **31E** NMPM County **Eddy**

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

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 ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

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

Please see attached MIT chart completed 11/14/2019, which started at 545# and ended 30 minutes later at 540#. This was a scheduled test only.

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

TITLE **ADMIN FIELD SUPPORT** DATE **11/18/2019**Type or print name **DENISE MENOUD** E-mail address: **denise.menoud@dvnm.com** PHONE: **(575)746-5544****For State Use Only** Accepted for record - **NMOCD**APPROVED BY: **DS** TITLE DATE

Conditions of Approval (if any):