

Submit 1 Copy To Appropriate District
Office
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., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

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.)		WELL API NO. 30-015-27365
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, LP		6. State Oil & Gas Lease No.
3. Address of Operator 333 W. Sheridan Avenue, Oklahoma City, OK 73102		7. Lease Name or Unit Agreement Name Todd 36D State
4. Well Location Unit Letter <u>D</u> : <u>330</u> feet from the <u>North</u> line and <u>330</u> feet from the <u>West</u> line Section <u>36</u> Township <u>23S</u> Range <u>31E</u> NMPM County <u>Eddy</u>		8. Well Number <u>2</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3479' GL		9. OGRID Number 6137
		10. Pool name or Wildcat Ingle Wells; Delaware

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 11/12/19 Notified OCD of intent.
- 11/18/19 Set 5 1/2" CIBP @ 6500'. Verify w/2 3/8" tbg.
- 11/19/19 Circ 50 bbl MLF @ 6500'-4500'. Spot 25 sx class "c" cmt @ 6500'-6400'. Tag TOC @ 6200'. Spot 25 sx class "c" cmt @ 5575'-5475'. Tag TOC @ 5404'.
- 11/20/19 Spot 315 sx class "c" cmt @ 4560'-1420'. Tag TOC @ 1438'.
- 11/21/19 Perf/circ 350 sx class "c" cmt @ 1400'-surf, 5 1/2" x 8 5/8". Verify cmt @ surf.
- 11/22/19 RD P&A equipment, cutoff WH, set dry hole marker, clean location. P&A complete.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Form www.emnrd.state.nm.us/oed.

RECEIVED

JAN 02 2020

DISTRICT 7/ARTESIA/O.C.D.

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

Agent

DATE 11/22/2019

Type or print name

Jimmy Bagley

E-mail address: sunsetwellservice@yahoo.com

PHONE: 432-561-8600

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

Handwritten signature