

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. 30-015-29449
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 Beretta 15 State
8. Well Number 1
9. OGRID Number 6137
10. Pool name or Wildcat Delware

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 PROPOSALS.)
1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐
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>N</u> : <u>660</u> feet from the <u>south</u> line and <u>1980</u> feet from the <u>west</u> line Section <u>15</u> Township <u>23S</u> Range <u>26E</u> NMPM Eddy County	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3315'
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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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	P AND A <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	OTHER: Re-completion to Delaware <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

04/13/06 – 05/11/06:

MIRU WSU – NU/DN/WH – NU BOP. RIH w/guage ring to 5500' – Run CBL log, no cmt. Perf 4 holes @ 5300'. Set retainer @ 5256', sqz 250 sx cmt, full returns to surf. RIH w/CCL-GR & CBL to new PBTD @ 5242' RIH & perf @ 5014-5026'; (6SPF) 72 holes. Set pkr @ 4973' w/155 jts in hole. Swab. Acidize Delware Cherry Canyon perfs 5014-5026 w/1500 gals 7 ½% HCL acid & 144 ball slrs. Flow bck, swab. No hydrocarbons, wet. Rls pkr & TOOH. Set 5 ½" CIBP @ 4964', 50' above perfs. Use bailer, dmp 35' cmt on CIBP. New PBTD @ 4929'. RIH w/gun, perf 4 sqz holes @ 3100'. Pmp wtr broke circ behind 9 5/8" csg to surf. Flw bck. TIH w/cmt retainer on 95 jts 2 7/8" tbg, set @ 3055'. Pmp 235 sx 35:65 Poz Cl C cmt, tail w/300 sx Cl C, flush w/fresh wtr. TOOH w/tbg. WOC thru wkend, let cmt set. Run CBL frm PBTD 3037' to 500', TOC @ 940'. Perf Delaware Brushy Canyon @ 2786-2801', 2812-2822', 2826-2832', 2846-2860' & 2872-2902'; (3SPF) 225 holes. Pkr set @ 2711'. Swab. Acidize perf @ 2876-2902' w/6500 gals of 7 ½% HCL acid & 360 bll slrs. Flw bck, swab. Rls pkr & TOH L/D tbg. RIH set CIBP @ 2686'. Dmp bail 35' ft cmt on top of CIBP – TOC @ 2651'. NU/DN/BOP – NU WH. RD/MIO/WSU – Rls all rental eqpmt. No economic reserves.

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 Stephanie A. Ysasaga TITLE Sr. Staff Engineering Technician DATE 05/19/06

Type or print name Stephanie A. Ysasaga E-mail address: Stephanie.Ysasaga@dmn.com Telephone No. (405) 552-7802
For State Use Only

APPROVED BY: FOR RECORDS ONLY TITLE _____ DATE MAY 23 2006
Conditions of Approval (if any): _____