

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

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| WELL API NO. 30-015-36197 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. E-9127 |
| 7. Lease Name or Unit Agreement Name Cotton Draw Unit |
| 8. Well Number 111 |
| 9. OGRID Number 6137 |
| 10. Pool name or Wildcat Paduca; Delaware Brushy Canyon |

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| 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | |
| 2. Name of Operator Devon Energy Production Company, LP | |
| 3. Address of Operator 20 North Broadway Oklahoma City, Oklahoma 73102-8260 (405) 228-8699 | |
| 4. Well Location Unit Letter <u>C</u> : <u>660</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>36</u> Township <u>24S</u> Range <u>31E</u> NMPM Eddy County | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3503' GL | |
| 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

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| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> | SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> |
| OTHER <input type="checkbox"/> | OTHER: Spud Report <input checked="" type="checkbox"/> |

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date o starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

4/27/08 - MIRU & spud.

4/29/08 - TD 17 1/2" hole @ 735'. RIH w/ 16 jts 13 3/8" 48# H-40 ST&C csg to 735'. Test to 3500#. Cmt lead w/ 450 sx 35:65 Poz Premium Plus C w/ 2% CACL2 + .125 #/sx CF + 6% GEL. Tail w/ 250 sx Premium Plus C w/ 2% CACL2 + .125 #/sx CF. Circ 108 bbls to pit. Cement to surface. WOC.

4/30/08 - Test pipe rams two valves and csg to 1200#, 30 mins.

5/09/ - 5/10/08 - TD 11" hole @ 4372'. RIH w/ 97 jts 8 5/8" 32 # J-55 LT&C csg to 4372'. .Cmt lead w/ 815 sx Premium Plus C = 5% bwow Sodium Chloride + 0.125#/sx CF + 6% bwoc Bentonite.. Tail w/ 300 sx Premium Plus C + 5% bwow Sodium Chloride + 0.125 #/sx CF + 0.4% bwoc MPA-5. Circ 231 sx to pit. Test to 1300#, 30 mins..

5/22/08 - TD 7 7/8" hole @ 9740'. RIH w/43 jts 5 1/2" 17# N-80 LT&C & 175 jts 5 1/2" J-55 LT&C csg to 9740'. Cmt lead w/ 375 sx 35:65 Poz CI H + 0.125#/sx CF + 3#/sx LCM-1 + 6% Bentonite + 0.4% FL-22A. Tail w/ 1125 sx 60:40 Poz CI H+1% NACL + 0.2% R-3 + 0.125#/sx CF + 2#/sx Kol Seal + .75% BA-10A+ 4% MPA-5+2% FL-22A. WOC 4 hrs. Test to 3200#, ok. Full returns.

5/26/08 - Rlse rig.

6/05/08 - Ran CBL and TOC @ 2478'.

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 Judy A. Barnett TITLE Regulatory Analyst DATE 06/5/08/2008

Type or print name: Judy A. Barnett E-mail address: Judith.Barnett@dvn.com Telephone No. (405) 228-8699

For State Use Only APPROVED

BY: _____ TITLE _____ DATE _____ Conditions of Approval (if any) _____

Accepted for record - NMOCD