2. Name of Operator

3. Address of Operator

State of New Mexico Energy, Minerals and Natural Resources Department

NOV 2 1 2003

OCD-ARTES

Form C-103 Revised 1-1-89

District Office DISTRICT I **OIL CONSERVATION DIVISION** P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 rio Brazos Rd. Aztec. NM 87410 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.) RECEIVED 1. Type of Well Gas Well Oil Well

20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 2287512

Other

DEVON ENERGY PRODUCTION COMPANY, LP

	WELL API NO.
	30-015-32944
	5. Indicate Type of Lease
	STATE ☑ FEE □
	6. State Oil & Gas Lease No.
	7. Lease Name or Unit Agreement Name
	H B 2 State
	,
	8. Well No.
IA	o
	6
	9. Pool name or Wildcat
	Cedar Canyon; Bone Spring

4 Well Location								
Unit Letter <u>F:198</u>	30' Feet From The North		Line and 1980'	Feet From	n The <u>West</u>	Line		
Section 2	Township 24S	Range 2	9E	NMPM	Eddy	County		
		10. Elevation (Show wheth	er DF, RKB, RT, GR, etc.)			200		
342		3080' GR				Parameter (March		
Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data								
NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:					

PERFORM REMEDIAL WORK PLUG AND ABANDON **REMEDIAL WORK** ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: OTHER: Completion 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.

10/8/03 – RIH w/4" csg gun & perf 2 SPF from 8156' – 69' & 8211' – 8218'

10/9/03 - Frac'd w/52,000 gal Spectra Frac & 120,000# 16/30 maeh white sd & 30,000# 16/30 maeh cr-4000

10/11/03 - RIH w/266its 2 7/8" tbg

10/12/03 – Put on line

7								
I hereby certify that the information above is true and complete to the best of my knowledge and belief.								
SIGNATURE JUZIN COHM	TITLE OPERATIONS TECHNICIAN	DATE November 17, 2003						
TYPE OR PRINT NAME Karen Cottom		TELEPHONE NO. (405) 235-3611						
(This space for Shouse) Jewn W. Gum	Richiel Supervise	w NOV 21 2003						
Approved by	TITLE	DATE						
Conditions of approval, if any:								