

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

WELL API NO. 30-015-41649
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 Cotton Draw Unit SWD
8. Well Number 181
9. OGRID Number 6137
10. Pool name or Wildcat SWD; Devonian

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, L.P.	
3. Address of Operator 333 WEST SHERIDAN AVE., OKLAHOMA CITY, OKLAHOMA 73102-5010	
4. Well Location Unit Letter <u>H</u> :1568' feet from the <u>FNL</u> line and <u>1189</u> feet from the <u>FEL</u> line Section <u>36</u> Township <u>24S</u> Range <u>31E</u> NM County <u>Eddy</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,511	

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: SWD 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.

1/27/14 Packer top 16,707; Tubing set depth 16,714. ✓

2/1/14 TP-0, Water INJ - 3406

3/18/14: Pressure up on casing to 500 psi for 30 minutes. Good MIT test witnessed by Richard Inge/OCD. Received verbal approval to install WH and continue injecting water, original chart retained by OCD Agent.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Gwyn Smith TITLE Regulatory Analyst DATE 3/21/2014

Type or print name Gwyn Smith E-mail address: gwyn.smith@dmn.com PHONE: (405) 552-3364

For State Use Only

APPROVED BY: Richard Inge TITLE Compliance Officer DATE 4/2/14  
Conditions of Approval (if any):

