

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. 30-015-28817
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Todd 25P Federal
8. Well Number 16
9. OGRID Number 6137
10. Pool name or Wildcat Ingle Wells (Delaware)

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3541' GR

Pit or Below-grade Tank Application ☐ or Closure ☐

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 _____

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 ☐ Gas Well ☒ Other **Salt Water Disposal**

2. Name of Operator
Devon Energy Production Company, L.P.

3. Address of Operator
20 North Broadway, Suite 1500, Oklahoma City, Oklahoma 73102 (405) 552-4615

4. Well Location
Unit Letter **P** : **660** feet from the **South** line and **660** feet from the **East** line
Section **25** Township **23S** Range **31E** NMPM **Eddy** County

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

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"/> OTHER: <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 checked="" type="checkbox"/> Converted to SWD. Admin Order SWD-1023
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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.

11/4/06-11/19/06: MIRU. Perforated the Delaware Cherry Canyon 2 SPF at 5,778' - 5,792'; 5,796' - 5,806'; 5,812' - 5,818'; 5,824' - 5,850'; and 5,862' - 5,920' for salt water disposal. Set packer & acidized w/3300 gals 7.5% HCl, avg 6.2 bpm, @ 2587 psi. Flow back, pooh w/ packer. Fraced 5,778' - 5,920' w/46500 gals spectra star, w/120,000# 16/30 white sand. Avg Frac rate & pressure = 49.5 bpm at 1450 psi. Flow back to clean up well bore. SI. RIH w/ gauge & tagged fill at 5860'. Set 5.5" IPC Packer at 5,732'. Ran 2-7/8" IPC, J55 tubing w/ T2 On/Off tool. Circulated packer fluid. Latched packer & tested casing to 760 psi for 15 minutes. Ok. RD equipment and shut well in. RIH w/W/L and tagged fill at 5803'.

11/22/06: Notify OCD of intent for MIT test. Ran MIT test. Test 5-1/2" casing to 560 psi for 30 minutes. Test OK. Original MIT chart attached. Established a pump in rate of 2.25 bpm @ 760 psi. Shut well in and wait on injection line installation.

11/23/06-5/15/07: ROW, injection line construction & testing.

5/16/07: Commenced salt water injection into the Delaware Cherry Canyon from 5778' to 5920'.

5/20/07: Injecting 1587 BWPD, 700 PSI TP, 0 PSI CP

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Ronnie Slack TITLE Engineering Technician DATE 05/22/07

Type or print name Ronnie Slack E-mail address: Ronnie.Slack@dv.com Telephone No. 405-552-4615

For State Use Only

APPROVED BY: Gerry Guye TITLE Deputy Field Inspector DATE JUN 1 2007
Conditions of Approval (if any): District II - Artesia

