| Submit 3 Copies To Appropriate District   | State of New Mexico   |                               |   |   | For   | m C-103                    |
|---|---|-------------------------------|---|---|---|----------------------------|
| Office District I   | Energy, Minerals and I  | Natura                        | Resources   |   | Ma  | ay 27, 2004                |
| 1625 N. French Dr., Hobbs, NM 88240   |   |                               |   | WELL API NO.  |   |                            |
| District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION   |   |                               | 30-015-00298  |   |   |                            |
| District III 1220 South St. Francis Dr.   |   |                               | 5. Indicate Type STATE  |   | ⊲   |                            |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505   |   |                               |   |   | Gas Lease No.   | 7                          |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |   |                               | OCD - Wa  | HA, NM  | , as 20000 110.                                       |                            |
| SUNDRY NOTICES AND REPORTS ON WELLS   |   |                               |   |   | or Unit Agreemer                                      | nt Name                    |
| (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 |   |                               |   | Atoka San Andr  |   |                            |
| PROPOSALS.)   |   |                               |   | 8. Well Number  | r   |                            |
| 1. Type of Well: Oil Well Gas Well Other Injection Well   |   |                               |   | 100   |   |                            |
| 2. Name of Operator   |   |                               |   | 9. OGRID Number   |   |                            |
| Devon Energy Production Company, LP  3. Address of Operator   |   |                               |   | 6137<br>10. Pool name or Wildcat                                    |   |                            |
| 20 North Broadway, Oklahoma City, OK 73102-8260 (405) 552-8198  |   |                               |   | San Andres  |   |                            |
| 4. Well Location  |   |                               |   |   | Jan Milares   |                            |
|   | Soot from the North line  | لمسما                         | 220 fact from   | the West line   |   |                            |
| Unit LetterD:_990_f   |   |                               |   |   |   | P.11.                      |
| Section 12  | Township 18S 11. Elevation (Show whether                        |                               | ange 26E  | NMPM  | County  | Eddy                       |
|   | ,   | 298' G                        |   |   |   | N.E.                       |
| Pit or Below-grade Tank Application or C  |   | 270 G                         | **  |   |   |                            |
| Pit type Depth to Groundwate  |   | resh wate                     | r well Dista  | ince from nearest su  | rface water   |                            |
| Pit Liner Thickness: mil  | Below-Grade Tank: Volume  |                               | ·   | struction Material  |   |                            |
|   |   |                               |   |   | . D-4-  |                            |
| 12. Check Ap  | propriate Box to Indicat  | te Nati                       | ure of Notice, I  | Report or Otne  | r Data  |                            |
| NOTICE OF INTENTION TO: SUBS  |   |                               |   | SEQUENT RE  | EPORT OF:   |                            |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK  |   |                               |   |   | ALTERING CA   | SING 🗌                     |
| TEMPORARILY ABANDON   |   |                               |   | LING OPNS.  | P AND A   |                            |
| PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMEN  |   |                               |   | JOB 🗆   |   |                            |
|   | _   |                               |   |   |   |                            |
| OTHER:  13. Describe proposed or complet  | and apprehiens (Clearly state                                   |                               | OTHER   | TA STATUS   | tac including act                                     | imated date                |
| of starting any proposed work   |   |                               |   |   |   |                            |
| or recompletion.  | ). BEE ROBE 1103. TO M  | unipie .                      | completions. The  | acii welloole alag  | , am or proposed                                      | •omp.•o.                   |
| •   |   |                               | _   |   |   |                            |
| A successful Mechanical Integrit  |   |                               |   |   |   | from the                   |
| NM OCD was present to witness   | the test and the original                                       | спап                          | was retained b  | y the NIVI OCD,   | District II.  |                            |
| The following was performed:  |   |                               |   |   |   |                            |
| p   |   |                               |   |   |   |                            |
| MIRU hot oiler and pressured cas  | sing to 550 psi. Held pre                                       | essure                        | for 30 minutes  | . RDMO.   |   |                            |
|   |   |                               |   |   |   |                            |
| Devon Energy Production Compa   | any I P reenactfully re   | augete                        | that this wall  | he returned to  | active etatue as                                      | : wa ara                   |
| currently injecting water as author   |   |                               |   |   | active status at                                      | , we are                   |
|   | ,   |                               |   |   |   |                            |
|   |   |                               |   |   |   |                            |
|   |   |                               |   |   |   |                            |
|   |   |                               |   |   |   |                            |
|   |   |                               |   |   |   |                            |
|   |   |                               |   |   |   |                            |
|   |   |                               |   |   |   |                            |
| I hereby certify that the information ab  | ove is true and complete to the                                 | he best                       | of my knowledge   | and belief. I furt  | her certify that any p                                | oit or below-              |
| I hereby certify that the information ab grade tank has been/will be constructed or clo   | ove is true and complete to the seal according to NMOCD guideli | he best<br>ines □, s          | of my knowledge   | and belief. I furtior an (attached) alter                           | her certify that any practive OCD-approve             | oit or below-<br>ed plan . |
| grade tank has been/will be constructed or clo  | used according to NMOCD guideli                                 | ines 🔲, a                     | general permit 🗍 o  | er an (attached) alter  | native OCD-approve                                    | ed plan 🗌.                 |
| I hereby certify that the information ab grade tank has been/will be constructed or clo   | used according to NMOCD guideli                                 | ines 🔲, a                     | of my knowledge<br>general permit 🗆 o<br>Staff Engineerin         | er an (attached) alter  | native OCD-approve                                    | ed plan 🗌.                 |
| grade tank has been/will be constructed or clo  | seed according to NMOCD guideli                                 | ines 🗌, a<br>ESr.             | sgeneral permit 🗍 o   | or an (attached) alter  | DATE_5/30/0   | ed plan 🗌.                 |
| SIGNATURE  Type or print name  Norvella Adam  For State Use Only  | seed according to NMOCD guideli                                 | ines 🗌, a<br>ESr.             | s general permit 🗍 o<br>Staff Engineerin<br>ams@dvn.com<br>Gany'G | or an (attached) alter  g Technician  Telephone No.                 | DATE_5/30/0° (405) 552-8198                           | ed plan □.                 |
| SIGNATURE  Type or print name  Norvella Adam  For State Use Only  | TITLI  S E-mail address: norve                                  | ines □, a<br>ESr.<br>ella.ada | staff Engineerin  ams@dvn.com  Geny'G  Deputy Field               | or an (attached) alter  g Technician  Telephone No.  uye  Inspector | DATE_5/30/0°<br>DATE_5/30/0°<br>(405) 552-8198<br>JUN | ed plan 🗌.                 |
| SIGNATURE  Type or print name  Norvella Adam  | seed according to NMOCD guideli                                 | ines □, a<br>ESr.<br>ella.ada | s general permit 🗍 o<br>Staff Engineerin<br>ams@dvn.com<br>Gany'G | or an (attached) alter  g Technician  Telephone No.  uye  Inspector | DATE_5/30/0° (405) 552-8198                           | ed plan □.                 |