

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM  
87410

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
**30-015-329413**

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
**V0440**

7. Lease Name or Unit Agreement Name  
**H B 2 State**

8. Well No.  
**5**

9. Pool name or Wildcat  
**Cedar Canyon; Bone Spring**

**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 \_\_\_\_\_

2. Name of Operator

**DEVON ENERGY PRODUCTION COMPANY, LP**

3. Address of Operator

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

4. Well Location

Unit Letter **K** 1980' Feet From The South Line and 1980' Feet From The West Line

Section **2** Township **24S** Range **29E** NMPM **Eddy** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

**3067' GR**

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 ☐  
OTHER: \_\_\_\_\_ ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
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.

9/22/03 – RIH w/4" csg gun perf'd 8106' – 27 (2SPF, 42 holes), frac'd w/52,500 gal Spectra Frac & 150,000# 16/30 sd  
9/24/03 – Set Pkr @ 8067', RIH w/2 7/8" tbg fish plug.  
9/26/03 – Started flowing to battery

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

SIGNATURE Karen Cottom

TITLE OPERATIONS TECHNICIAN

DATE October 15, 2003

TYPE OR PRINT NAME Karen Cottom

TELEPHONE NO. (405) 235-3611

(This space for State use)

Approved by

Conditions of approval, if any:

TITLE District Supervisor

DATE OCT 21 2003