

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. 30-015-34941
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 Ocotillo 6 State
8. Well Number 1
9. OGRID Number 6137
10. Pool name or Wildcat Sheep Draw; Morrow

Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
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 ☐ **MAR 05 2008**
OCD-ARTESIA

2. Name of Operator
Devon Energy Production Company, LP

3. Address of Operator
20 North Broadway Oklahoma City, Oklahoma 73102-8260 (405) 552-7802

4. Well Location
Unit Letter H : 1330 feet from the North line and 690 feet from the East line
Section 6 Township 23S Range 26E NMPM Eddy County, NM

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3396'

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: ADD MORROW PAY <input checked="" type="checkbox"/>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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.

02/12/08 – 02/21/08:

MIRU. NU BOP, rls pkr & TOH w/tbg – LD pkr. RU W/L – RIH & set 5.5" composite plug @ 11,240'. Perf Morrow @ 11,021' – 11,024', 11,032' – 11,036', 11,062' – 11,065'; (4SPF) 28 holes. RD W/L. TIH & set 5.5" tbg set pkr @ 10,992' w/349 jts in hole. NU/DN/BOP – NU/Tree. Ld tst csg to 1500# - ok. Bld dwn well, RIH & swab. RD swab – RD/MO/WSU. NU manifold – MI 2 frac tnks & fill w/900 bbls 4% KCL. RU tree saver. Frac Morrow @ 11,021' – 11,065' dwn 2 7/8" tbg w/1500 gal 7.5% HCL & 32,473# tempered HS 20/40 sn w/400 SCF N-2. RD BJ & tree saver. Open well, flw bck. Bring well on line, put well back onto production.

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

SIGNATURE Stephanie A. Ysasaga TITLE Sr. Staff Engineering Technician DATE 03/02/08

Type or print name Stephanie A. Ysasaga E-mail address: Stephanie.Ysasaga@dmv.com Telephone No. (405) 552-7802
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (FOR RECORDS ONLY)