

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. 30-015-26397
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 Muskegon 20 State Com
8. Well Number 1
9. OGRID Number 6137
10. Pool name or Wildcat South Empire; Morrow

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 ☐ APR - 1 2008

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 : 1980 feet from the North line and 660 feet from the East line
Section 20 Township 17S Range 29E NMPM Eddy County, NM

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GR 3605'

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 _____

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	P AND A <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
	OTHER: CASING LEAK REMEDIATION TO RE-ESTABLISH MORROW PRODUCTION <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.

07/21/07 - 07/25/07: RU unit - ND tree - NU BOP. TOOH w/tbg. TIH w/pkr, set @ 4,010'. Pressure tst csg 5 1/2" to 1000#. Found holes in csg 3,314' - 3,825'. Circ hole clean w/frsh wtr. TOOH w/tbg & pkr. RU W/L, run csg log 5,000' to surf. Possible holes from 3,280' - 3,510'. RD W/L, TIH w/tbg - ND BOP - NU tree.

02/14/08 - 03/08/08: Rig up WO unit. Shoot 4 squeeze holes in 5 1/2" csg @ 3,910'. TIH w/cmt retainer to 3,840'. Pmp 300 sx cmt plug. Sting out of retainer, TOH w/tbg. TOC 2900'-tstd to 1000# - ok. Held, prepare to DO cmt. DO retainer. Continued drilling & fell out of cmt @ 3,952'. Circ hole clean, displace w/2% KCL. TIH w/32A tension pkr to 3,008' w/117 jts. Tst below pkr to 500 psi - tst good. Tst'd squeeze to 500 psi abv pkr & leaked off 60 psi in 15 minutes. Could not pmp into leak. Isolate leak frm 3,356' - 3,551'. Swab FL below leak w/no fluid entry. Isolate leak frm 3,356' - 3,551'. TIH w/pkr @ 3519', swab. TIH w/pkr @ 4,552', swab. TOH w/pkr. TIH w/retrvg tl to 10,169'. Circ LCM & sn off RBP; circ clean. Ltch RBP, unset. Pull RBP @ 10,169'. Washed over fish @ 10,298'. Swab FL to 8100'. Ltch onto fish & pull pkr @ 10,415' OOH. TIH w/SN & 40 jts 2 3/8" tbg for kill string. TIH to 10,537' w/326 jts 2 3/8" tbg. ND BOP - NU willhd. RIH w/tbg & acid wash @ 10,581 - 10,764' pmp 1,500 gals 7.5% HCL w/300 gal methanol. Rlsd workover, swab. Install plunger lift. Open to sales. Return well to 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 _____ TITLE Sr. Staff Engineering Technician DATE 03/31/08

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

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any):

Accepted for record - NMOCD