

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

DEC 17 2008

OCD-ARTESIA

S

WELL API NO. 30-015-00307
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name ATOKA SAN ANDRES UNIT
8. Well Number 121
9. OGRID Number 6137
10. Pool name or Wildcat SAN ANDRES

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 INJECTION WELL

2. Name of Operator
DEVON ENERGY PRODUCTION COMPANY, LP

3. Address of Operator
20 North Broadway, Ste 1500, Oklahoma City, OK 73102 405-552-4615

4. Well Location
Unit Letter N : 330' feet from the SOUTH line and 2310' feet from the WEST line
Section 11 Township 18S Range 26E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3325' GL

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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: ☐

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.

1. MIRU. POOH w/ 2-3/8" tubing & packer from 1,463'.
2. TIH w/CIBP & set @ 1,475'. Dump 35' cement on top. (San Andres perms from 1,517' to 1,669')
3. Circulate wellbore w/10 ppg mud.
4. Spot 25 sx cement plug in 5-1/2" production casing @ 1,230'. WOC & TAG. (Calc. PBD @ 990') (8-5/8" casing shoe @ 1,178').
5. Cut 5-1/2" casing @ 800' and POOH w/casing. (TOC noted at 900' from temperature survey.)
6. Spot 30 sx cement stub plug @ 850'. WOC & TAG. (Calc. PBD @ 708'.)
7. Spot 30 sx cement from 110' to surface.
8. Cut wellhead off, set dry hole marker, clean location.

Approval Granted providing work
is complete by 3/12/09

**Notify OCD 24 hrs. prior
To any work done.**

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 Ronnie Slack TITLE Engineering Technician DATE 12/11/08

Type or print name Ronnie Slack E-mail address: Ronnie.Slack@dvn.com Telephone No. 405-552-4615
For State Use Only

APPROVED BY: PhD Hansen TITLE CO DATE 12/17/08
Conditions of Approval (if any):

DEVON ENERGY PRODUCTION COMPANY LP

Well Name: ATOKA SAN ANDRES UNIT #121		Field: RED LAKE	
Location: 330' FSL & 2310' FWL; SEC 11-T18S-R26E		County: EDDY	State: NM
Elevation: 3325' GL		Spud Date: 8/31/56	Compl Date: 9/14/56
API#: 30-015-00307	Prepared by: Ronnie Slack	Date: 12/11/08	Rev:

PROPOSED P&A

TOC- 900' (temp survey)

11" Hole

8-5/8", 24#, J55, @ 1,178'

Cmt'd w/400 sx. Temp Survey showed TOC @ 15'

Topped out from surface w/10 sx. (9/56)

8.097 id; .3575 ft³/ft

SAN ANDRES (8/97)

1,517' - 1,690'

SAN ANDRES (9/56)

1,644' - 1,669'

9/56: Frac w/15K# sand

7-7/8" Hole

5-1/2", 14#, J55, @ 1,708'

Cmt'd w/135 sx. (TOC @ 900' per temp survey)

5.012 id; .1370 ft³/ft

10 ppg mud

10 ppg mud

10 ppg mud

Proposed:

1. Spot 30 sx cement from 110' to surface.
2. Cut wellhead off 3' below ground level.
3. Clean location.

Proposed:

1. Cut 5-1/2" @ 800', & POOH.
2. Spot 30 sx cement @ 850'. Calc. PBD @ 708'
3. WOC & Tag.

Proposed:

1. Spot 25 sx cement @ 1230'. Calc. PBD @ 990'
2. WOC & Tag.

Proposed:

Circulate wellbore w/10 ppg mud

Proposed:

1. Set CIBP @ 1,475'
2. Cap CIBP w/35' cement. Calc. PBD @ 1440'.

1,702' PBD

1,710' TD

DEVON ENERGY PRODUCTION COMPANY LP

Well Name: ATOKA SAN ANDRES UNIT #121		Field: RED LAKE	
Location: 330' FSL & 2310' FWL; SEC 11-T18S-R26E		County: EDDY	State: NM
Elevation: 3325' GL		Spud Date: 8/31/56	Compl Date: 9/14/56
API#: 30-015-00307	Prepared by: Ronnie Slack	Date: 12/11/08	Rev:

CURRENT SCHEMAT

Comments:

2/6/70--Converted to WIW
 10/10/80--piped bradenheads to surface.
 3/16/82--TA, w/ CIBP @ 1555'
 5/31/85--name change ASAU 121
 8/97--drill out cibp @ 1561, perf SA 1517-1690,
 acidized, install inj assembly. AD-1 pkr @ 1468'.
 EOT 1471'. TT injection.
 11/21/08--test csg, 30 min chart, lost 10 psi. Pkr @
 1463'.
 11/24/08--RDMO. ready for injection.

TOC- 900' (temp survey)

11" Hole

8-5/8", 24#, J55, @ 1,178'

Cmt'd w/400 sx. Temp Survey showed TOC @ 15'

Topped out from surface w/10 sx. (9/56)

8.097 id; .3575 ft³/ft

2-3/8", 4.7#, plastic coated tubing

AD-1 Packer @ 1,463' (11/21/08)

SAN ANDRES (8/97)

1,517' - 1,690'

SAN ANDRES (9/56)

1,644' - 1,669'

9/56' Frac w/15K# sand

7-7/8" Hole

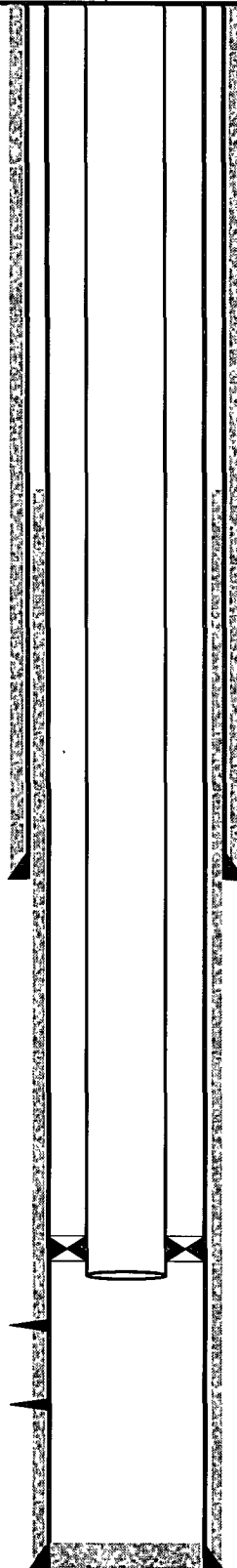
5-1/2", 14#, J55, @ 1,708'

Cmt'd w/135 sx. (TOC @ 900' per temp survey)

5.29 id; .1526 ft³/ft

1,702' PBD

1,710' TD



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State of New Mexico
Energy Minerals and Natural Resources
Department
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-144 CLEZ
July 21, 2008

For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

Closed-Loop System Permit or Closure Plan Application

(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: ☒ Permit ☐ Closure

Instructions: Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.

Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.

1.
Operator: Devon Energy Production Co, LP OGRID #: 6137
Address: 20 North Broadway OKC, OK 73102-8260
Facility or well name: ATOKA SAN ANDRES UNIT #121
API Number: 30-015-00307 OCD Permit Number: _____
U/L or Qtr/Qtr N _____ Section 11 Township 18S Range 26E County: Eddy
Center of Proposed Design: Latitude _____ Longitude _____ NAD: ☐ 1927 ☐ 1983
Surface Owner: ☐ Federal ☐ State ☒ Private ☐ Tribal Trust or Indian Allotment

2.
☒ **Closed-loop System:** Subsection H of 19.15.17.11 NMAC
Operation: ☐ Drilling a new well ☐ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) ☒ P&A
☒ Above Ground Steel Tanks or ☒ Haul-off Bins

3.
Signs: Subsection C of 19.15.17.11 NMAC
☐ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers
☒ Signed in compliance with 19.15.3.103 NMAC

4.
Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC
Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.
☒ Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC
☒ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC
☒ Closure Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
☐ Previously Approved Design (attach copy of design) API Number: _____
☐ Previously Approved Operating and Maintenance Plan API Number: _____

5.
Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC)
Instructions: Please identify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.
Disposal Facility Name: CRI Disposal Facility Permit Number: R9166
Disposal Facility Name: _____ Disposal Facility Permit Number: _____
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations?
☒ Yes (If yes, please provide the information below) ☐ No
Required for impacted areas which will not be used for future service and operations: **(SEE attached Enclosure Plan)**
☒ Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC
☒ Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC
☒ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC

6.
Operator Application Certification:
I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.
Name (Print): Ronnie Slack Title: Engineering Technician
Signature: Ronnie Slack Date: 12/15/08
e-mail address: Ronnie.Slack@dvn.com Telephone: 405-552-4615

7.

OCD Approval: ☐ Permit Application (including closure plan) ☐ Closure Plan (only)

OCD Representative Signature: _____ **Approval Date:** _____

Title: _____ **OCD Permit Number:** _____

8.

Closure Report (required within 60 days of closure completion): Subsection K of 19.15.17.13 NMAC

Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.

☐ Closure Completion Date: _____

9.

Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:

Instructions: Please indentify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.

Disposal Facility Name: _____ Disposal Facility Permit Number: _____

Disposal Facility Name: _____ Disposal Facility Permit Number: _____

Were the closed-loop system operations and associated activities performed on or in areas that *will not* be used for future service and operations?

☐ Yes (If yes, please demonstrate compliance to the items below) ☐ No

Required for impacted areas which will not be used for future service and operations:

☐ Site Reclamation (Photo Documentation)

☐ Soil Backfilling and Cover Installation

☐ Re-vegetation Application Rates and Seeding Technique

10.

Operator Closure Certification:

I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.

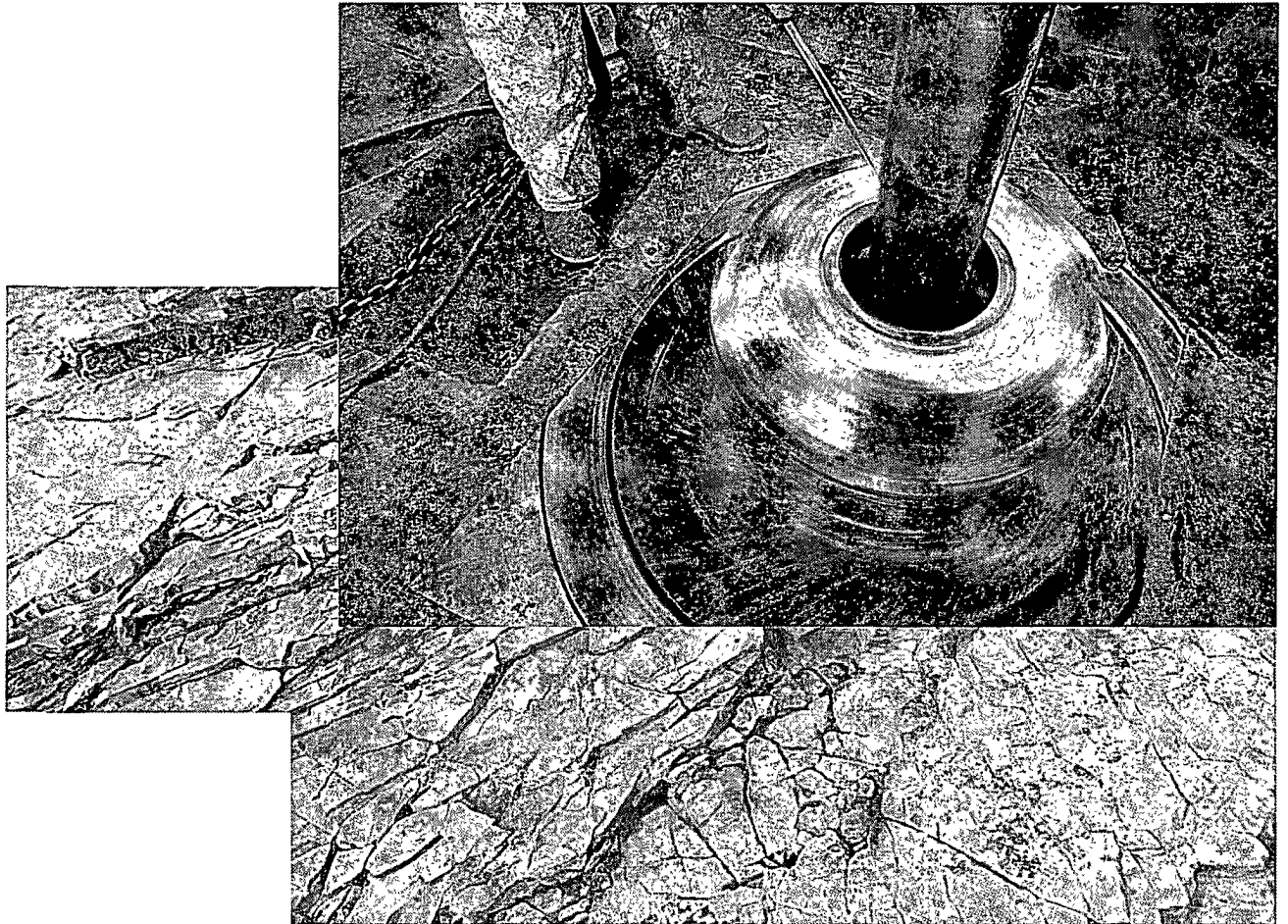
Name (Print): _____ **Title:** _____

Signature: _____ **Date:** _____

e-mail address: _____ **Telephone:** _____



Commitment Runs Deep



Design Plan
Operation & Maintenance Plan
Closure Plan
Workover Operations

SENM
July 2008

I. Design Plan

Above ground steel tanks will be used for the management of all workover fluids.

II. Operations and Maintenance Plan

Devon will operate and maintain all of the above ground steel tanks involved in workover operations in a prudent manner to prevent any spills. If a leak develops, the appropriate division district office will be notified within 48 hours of the discovery and the leak will be addressed. During an upset condition the source of the spill is isolated and addressed as soon as it is discovered. Free liquids will be removed and loose topsoil will be used to stabilize the spill. The contaminated soil will be either bio-remediated or excavated and taken to an agency approved disposal facility.

III. Closure Plan

All workover fluids will go to above ground steel tanks and will be hauled by various trucking companies to an agency approved disposal facility.

Impacted areas which will not be used for future service or operations will be reclaimed and reseeded as stated in the APD.