

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-025-34577
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 Caballo 9 State
8. Well Number 1
9. OGRID Number 6137
10. Pool name or Wildcat North Bell Lake Morrow
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3419'

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  SWD Well

2. Name of Operator  
Devon Energy Production Company, LP

3. Address of Operator  
333 West Sheridan Avenue, Oklahoma City, OK 73102

4. Well Location  
 Unit Letter E : 1650 feet from the North line and 660 feet from the West line  
 Section 9 Township 23S Range 34E NMPM County Lea

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Well Workover <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Opened well - 700 psi. RIH w/ coil tubing and wash nozzle to clean out fill. Spotted 200 gals 7.5% HCl acid on top of fill in the wellbore in an attempt to loosen the fill. It didn't break down and we were unable to circulate anything out. Decision was made to abandon project and return well to injection. Commenced injecting on 5/28/2015 with a volume of 3475.20 gals.

Spud Date: 3/1/2001 Rig Release Date: 9/26/2007

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

SIGNATURE Lucretia Morris TITLE Regulatory Analyst DATE 6/10/2015

Type or print name Lucretia Morris E-mail address: Lucretia.Morris@dvm.com PHONE: 405-552-3303

**For State Use Only**

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 06/11/15  
 Conditions of Approval (if any):

JUN 11 2015

*[Handwritten mark]*