

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

Revised July 18, 2013

HOBBS OCD

OCT 05 2017

RECEIVED

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-40999

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

DIVIDE 3 STATE COM

8. Well Number

1H

9. OGRID Number

6137

10. Pool name or Wildcat

PROPOSED 2<sup>ND</sup> 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

333 W. Sheridan Avenue, Oklahoma City, OK 73102

4. Well Location

Unit Letter N : 660 feet from the South line and 2440 feet from the West lineSection 3 Township 22S Range 32E NMPM Lea County, NM

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

3803' GL

## 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 ☐DOWNHOLE COMMINGLE ☐CLOSED-LOOP SYSTEM ☐OTHER: ☐

## NOT REPORT OF:

INT TO PA PM ☐ ALTERING CASING ☐P&A NR ☐ P AND A ☐P&A R ☐

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.

PROPOSED P&amp;A of 122' Spudder hole. (10' X 30" conductor pipe cemented 3' from top, backfilled w/dirt to top. 20" hole drilled to 122')

1. MIRU Redi-Mix Truck.

2. Fill 122' hole to surface w/cement.

3. Cut conductor off 3' BGL. Set dry hole marker. → LESSOR PRAIRIE CHICKEN AREA  
Install marker 3' BGL. Take photos & GPS co-ordinates (lat & long)

Spud Date:

Rig Release Date:

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

SIGNATURE Ronnie Slack TITLE Production Technologist DATE 10-3-17Type or print name Ronnie Slack E-mail address: Ronnie.Slack@dmn.com PHONE: 405-552-4615

## For State Use Only

APPROVED BY: Mah Whitaker TITLE P.E.S. DATE 10/05/2017

Conditions of Approval (if any):

NOTIFY OCD 24 HOURS PRIOR TO  
BEGINNING PLUGGING OPERATIONS