

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM
87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-05178

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

B.C. DICKINSON "D"

8. Well No.

4

9. Pool name or Wildcat

Denton (Devonian)

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 CORPORATION (NEVADA)

3. Address of Operator

20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611

4. Well Location

Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line

Section 35 Township 14S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

DF 3819', KB 3820'

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 ☐

OTHER: Acid stimulation job and install ESP ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

TD 12,400', open hole 12,298-12,400'

In June, 1998, we plan to pull the rod pump then acid stimulate the well. An electric submersible pump will be installed at approximately 12,000'. Concurrently the location electricity will be modified. Attached please find a copy of the engineering procedure for this workover.

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

SIGNATURE

Candi R. Graham

TITLE ENGINEERING TECHNICIAN

DATE May 7, 1998

TYPE OR PRINT NAME

Candi Graham

TELEPHONE NO. (405) 235-3611

(This space for State use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

Approved by _____
Conditions of approval, if any:

TITLE _____

DATE

May 26 1998