to Appropriate District Office

rorm (2-103
Revised	1-1-89

DISTRICT I	A		WELL API NO.
P.O. Box 1980, Hobbs, NM 88240		OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			
DISTRICT III	Santa Pe, I		
1000 rio Brazos Rd, Aztec, NM 87410			6. State Oil & Gas Lease No. N/A
CI II	NDDY NOTICES AND DEDODES	ONWELLS	
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.)		7. Lease Name or Unit Agreement Name STATE "T"	
Type of Well Oil Well Gas Well	◯ Other <u>SI</u>		
Name of Operator DEVON ENERGY CORPORATION (NEVADA)		8. Well No.	
Address of Operator		9. Pool name or Wildcat	
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611		Denton (Wolfcamp)	
Well Location			
Unit Letter K: 211	5 Feet From The SOUTH	Line and 2046 Feet	From The WEST Line
Section 2		ange 37E NMPM whether DF, RKB, RT, GR, etc.)	LEA County
	10. Elevation (Show	mienier Dr., AAD, A1, GR, etc.j	
(te Nature Of Notice, Report, Or Ot	ther Data
	OF INTENTION TO:	1	ENT REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING ☐
EMPORARILY ABANDON	CHANGE PLANS [COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
ULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
THER:		OTHER: SI for evaluation	
3. Describe Proposed or Completed O	perations (Clearly state all pertinent details, and giv	e pertinent dates, including estimated date of starting a	my proposed work.) SEE RULE 1103.
8593'. Swabbed 7 csg annulus. Pres 8741', stopped at	BO, 158 BW, FFL 2300'. I s'd to 500 psi, good test. Rele 8772'. POH. Ran tbg open e rporation (Nevada) requests 12	tbg. Ran gauge ring. Tagged a Last run lost sinker bars and 400 eased packer and TOH. Ran bis ended. ND BOP. Landed tbg a months TA status while evalue	O' sand line in hole. Loaded at and csg scraper. Tagged at 8675'.
Top of fish 8924' Perfs 9018-9178'	(packers at 8968' and 9217', p	pump cavity, cut off tbg)	
		Sent R	ule 203
hereby certify that the information	n above is true and complete to the best of m	y knowledge and belief.	
IGNATURE Candi	R. Graham II	ITLE ENGINEERING TECHNICIAN	DATE June 3, 1998
YPE OR PRINT NAME Ca	ındi Graham		TELEPHONE NO. (405) 235-3611
This space for State use)	CHARINAL RIGHED B	Y	[N
approved by	GARY WINK	ITLE	DATE 401 15 1998
Conditions of approval, if any:			