

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.
30-025-09868

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 "A-1"

8. Well No.
2

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 TA'd

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 L : 2240 Feet From The SOUTH Line and 400 Feet From The WEST Line

Section 1 Township 15S Range 37E NMPM LEA County

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

GL 3808'

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: SI for evaluation ☒

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.

01-08-98 Tried to run a pressure test on the casing but tubing was trying to blow while pumping down the casing. Possibly there is a hole in the tubing. SI.

Devon Energy Corporation (Nevada) requests 12 months TA status while evaluating for remedial work or plug and abandoning. SI

Fish in hole: Reda, pipe and cable

Perfs: 12457-12562'

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 June 3, 1998

TYPE OR PRINT NAME Candi Graham

TELEPHONE NO. (405) 235-3611

(This space for State use)

Approved by _____
Conditions of approval, if any:

ORIGINAL FILED BY
GARY WINK
FIELD REP. II

TITLE _____

DATE _____

Sent Rule 203