

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.

30-025-27548

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E-1673

7. Lease Name or Unit Agreement Name

LEA 407 STATE

8. Well No.

7

9. Pool name or Wildcat

San Simon (Yates, N. -- Assoc)

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 F; 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line

Section 33

Township 21S

Range 35E

NMPM

LEA

County

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

GL 3624.3'

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: MIT ☒

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.

01-20-98 thru 01-22-98 RU Reco WS. POH with rods and pump. NU BOP. POH with tubing. RU Wedge WL. Ran gauge ring to 3750'. Set CIBP at 3727'. Loaded casing with 40 BW. Waited on wellbore to air out.

Ran mechanical integrity test. Press'd on casing to 500 psi for 30 mins. Tested OK. See attached chart. OCD witnessed test.

Devon Energy Corporation (Nevada) requests 12 months TA status while recompletion potential is evaluated.

Perfs at 3816-3954'

This approval is valid 5/8/2003

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

SIGNATURE

Candi Graham

TITLE ENGINEERING TECHNICIAN

DATE April 2, 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

TITLE

DATE

Conditions of approval, if any:

