

Submit 3 copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

District I

P.O. Box 1980, Hobbs, NM 88240

District II

P.O.Box Drawer DD, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

Well API No. 30-039-24322
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. FEE
7. Lease Name or Unit Agreement Name Northeast Blanco Unit
8. Well No. NEBU #425
9. Pool name or Wildcat Basin Fruitland Coal

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 Co., L.P.**

3. Address of Operator **3300 N Butler Ave, Suite 211, Farmington, New Mexico 87401**

4. Well Location

Unit Letter **K:** **1380 ft From the South Line and 1850 ft From the West Line**

Section **8** Township **30N** Range **7W** NMPM County **Rio Arriba**

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

6130GL

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG & ABANDON

TEMPORARILY ABANDON ☐ CHANGE PLANS

PULL OR ALTER CASING ☐

OTHER: _____

☐ REMEDIAL WORK

☐ COMMENCE DRILLING OPNS.

☐ CASING TEST & CEMENT JOB

☐ OTHER **Bottom Hole Pressure Measurement**

SUBSEQUENT REPORT OF:

☐ ALTERING CASING

☐ PLUG & ABANDON

☐

☐

☒

12. 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.

Bottom Hole Pressure Measurement result taken April 30, 2002 : 116 psig at a depth of 2910 feet.

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

SIGNATURE Steve Zink TITLE: **Company Representative**

DATE **5-15-02**

TYPE OR PRINT NAME **STEVE ZINK**

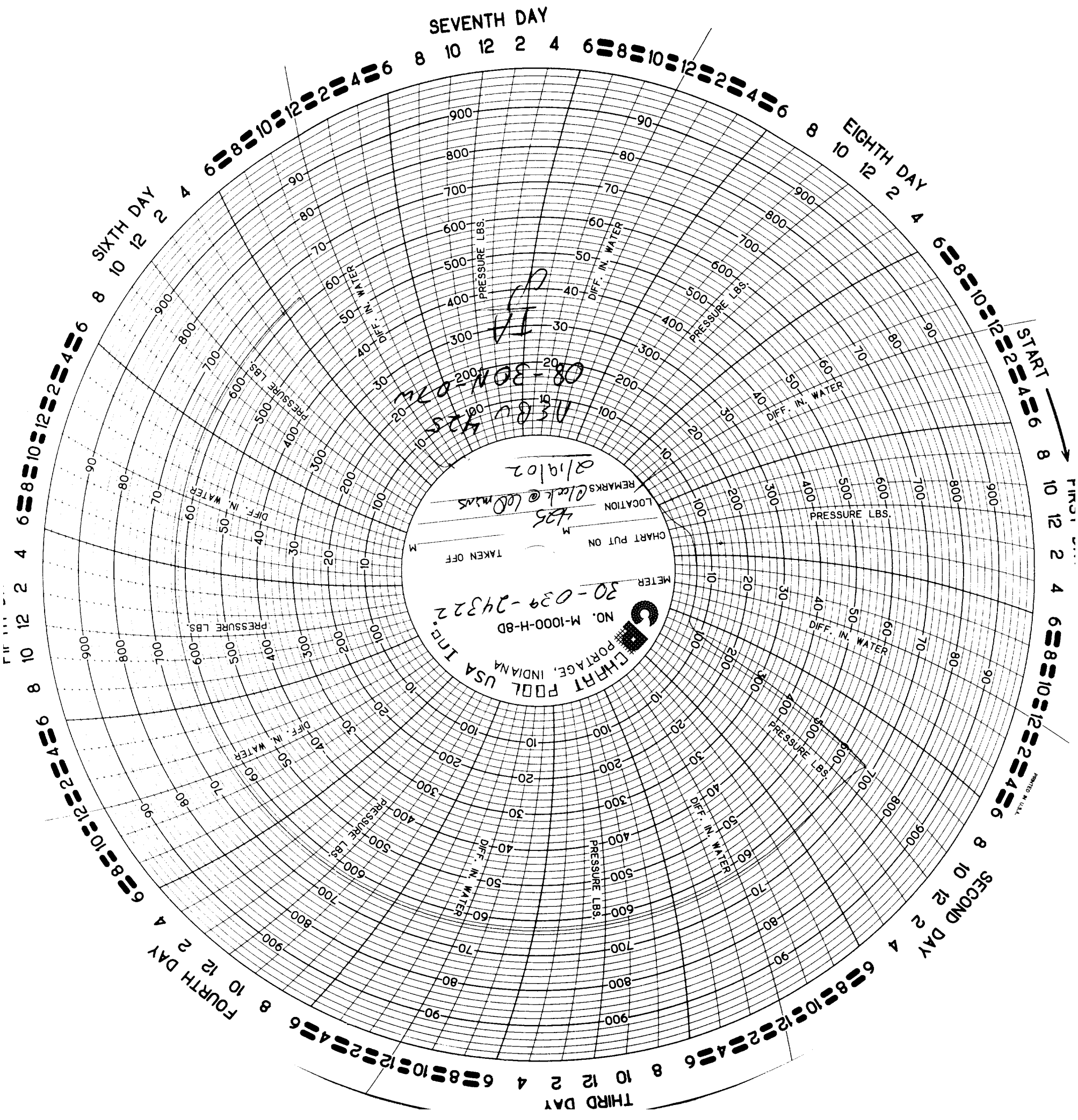
TELEPHONE NO. **505-324-0033**

(This space for State Use)

APPROVED BY _____ TITLE _____

DATE **MAY 17 2002**

CONDITIONS OF APPROVAL IF ANY:



SEVENTH DAY

EIGHTH DAY

START

SIXTH DAY

SECOND DAY

THIRD DAY

FOURTH DAY