Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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. 30-015-00302 5. Indicate Type of Lease STATE ☑ FEE ☐ 6. State Oil & Gas Lease No.
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.) RECEIVED			7. Lease Name or Unit Agreement Name Atoka San Andres Unit
1. Type of Well ☐ Oil Gas Well Well Gas Well	Other Water Injection	FEB 1 7 2004	
2. Name of Operator DEVON ENERGY PR	RODUCTION COMPANY, LP	OCD-ARTESIA	8. Well No.
3. Address of Operator 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 2287512			9. Pool name or Wildcat Atoka San Andres
4 Well Location Unit Letter F:2310 Feet From The North Line and 2310 Feet From The West Line			
Section 11		e 26E NMPM ether DF, RKB, RT, GR, etc.)	Eddy County
Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data			
NOTICE	OF INTENTION TO:	SUBSEQUE	NT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING OTHER:	CHANGE PLANS	REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB OTHER:	ALTERING CASING PLUG AND ABANDONMENT
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.			
Devon Energy Production Company, LP., request approval to run a 5yr MIT on the referenced well. We wish to TA rather than plug because mechanical problems make it wise to retain all useable well bores, as replacements should active well bores fail. In addition, our intentions are to re-evaluate the field for possible water flood redesign. The intent to TA must describe the proposed temporary abandonment procedure to be used. No work shall be commenced until approved by the Division and the operator shall give 24 hours notice to the appropriate District office of the Division before work actually begins			
1			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE HOL	ew Cotton TITL	E OPERATIONS TECHNICIAN	DATE 2-13-04
TYPE OR PRINT NAME Ka	aren Cottom		TELEPHONE NO. (405) 235-3611

(This space for State use)

Approved by ______ Conditions of approval, if any:

TITLE ____

FEB 18 2004

DATE _