

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-015-32812

5. Indicate Type of Lease  
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
PARKWAY WEST UNIT

8. Well No.

16

9. Pool name or Wildcat

Parkway; Morrow West (Gas)

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

MAR - 1 2004

OCD-ARTESIA

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other \_\_\_\_\_

2. Name of Operator

DEVON LOUISIANA CORPORATION

3. Address of Operator

20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 2287512

4. Well Location

Unit Letter O: 990' Feet From The SOUTH Line and 1980' Feet From The EAST Line

Section 28

Township 19S

Range 29E

NMPM

Lea, NM County

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

3299' GR

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: Multipoint Waiver

☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

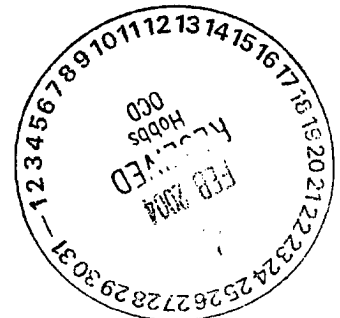
OTHER: \_\_\_\_\_

☐

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.

Due to the low volume of production from this well and the limited value of the data that will be obtained from a 4-point test. Devon respectfully request a waiver of the 4-point test.

February 15, 2004 production was 0 Oil 12 MCF 0 BW.



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

SIGNATURE

*Karen Cottom*

TITLE OPERATIONS TECHNICIAN

DATE February 23, 2004

TYPE OR PRINT NAME

Karen Cottom

TELEPHONE NO. (405) 235-3611

(This space for State use)

Approved by

Conditions of approval, if any:

TITLE

DATE

Accepted for record - NMD