

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. 30-015-32812
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
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:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>Multipoint Waiver</u> <input checked="" type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

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 _____ TITLE _____ DATE _____
Conditions of approval, if any: _____

Accepted for record - NMOCD