Submit 3 Copies To Appropriate District Office	District State of New Mexico			Form C-103
District I	Energy, Minerals and Natu	ral Resources		Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-045-32379		
811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION		DIVISION	5. Indicate Type	of Lease
District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410		neco		FEE
District IV Santa Fe, NM 87505		7505		Gas Lease No.
2040 South Pacheco, Santa Fe, NM 87505				
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:			7. Lease Name or Unit Agreement Name: NORTHEAST BLANCO UNIT	
2. Name of Operator: Devon Energy Production Co. L.P.			8. Well No.	
			448A	
Address of Operator:			Pool name or Wildcat:	
1751 Hwy 511 Navajo Dam NM 87419			Basin Fruitland Coal	
3. Well Location				
Unit Letter O: 1045 feet from the South line and 1900 feet from the East line.				
Section 22 Township 21N Dance 7W NIMDM Court Section				
Section: 32 Township 31N Range 7W NMPM County San Juan 10. Elevation (Show whether DR, RKB, RT, GR, etc.)				
	6341' GL	i, 1012, 111, ON, etc	·/	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INT			SÉQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	<	ALTERING CASING□
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS.	PLUG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN	ID 🗆	ABANDONMENT
OTHER:		OTHER: Spud		
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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.				
Above referenced well was spud on	6/10/04		19 20 21 20	
Noove referenced went was spud on 6/10/04.				
		Veri	e The State	
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			W. 9049 1	
			The state of the s	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE by Wh	TITLE	Company Represer	ntative DATE	6-17-04
Type or print name Kenny Rhoades Telephone No. (505) 320-6310				
(This space for State use)				
APPPROVED BY Church TITLE TITLE DATE DATE 2 3 2004				
Conditions of approval, if any:	TITLE			_date <u>* </u>