Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103	
District I	Energy, Minerals and Natural Resources			WELL ADINO	March 4, 2004
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. <b>30-045-31440</b>		
1301 W. Grand Ave., Artesia, NM 88210	tesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Type	of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410				STATE	
District IV Santa Fe, NM 87505			505	6. State Oil & G	as Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505				NM-03845	
		EPEN ORÆĽÚ	BACK TO A2		r Unit Agreement Name
PROPOSALS.)	(	10	DEC	8. Well Nu	BLANCO UNIT
1. Type of Well: Oil Well Gas Well 🛛 C	)thar	OH	2004	433A	imber
/	Zuiei			기 명. OGRID Numb	
2. Name of Operator  DEVON EN	NERGY CORP.			6137	ber
3. Address of Operator		V 2		9. Pool nar	ne or Wildcat
1751 HIWAY 511 NAVAJO DAM,	NEW MEXICO 874	419	1010141512	BASIN FRU	ITLAND COAL
4. Well Location			alla balla		
Unit LetterG_:13	45feet from the	NOR	TH line and	1560feet fro	om theEASTline
Section 24 Township	p 30N Range	8W	NMPM	County - SA	N JUAN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6365' GL					
Pit or Below-grade Tank Application (For p		sures, a form	C-144 must be attached	<u> </u>	C. S. O. W. S. Davidson, or "Marriagness of the control of the con
Pit Location: UL_G_Sect_24_Twp_31	NRng8W Pit type_	_workoverD	epth to Groundwater_>	350Distance from	nearest fresh water well_>300
Distance from nearest surface water_>400	Below-grade Tank Lo	cation UL	SectTwp_	Rng;	
feet from theline and	feet from the	line			
NOTICE OF INT			•	SEQUENT RE	PORT OF: ALTERING CASING
<del></del>		_			ABANDONMENT
	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ID 🗆	
OTHER: CONSTRUCT WORKOVER	R PIT	⊠	OTHER:		
13. Describe proposed or comple of starting any proposed work or recompletion.					
DEVON ENERGY WI	LL BE CONSTR	UCTING	A LINED WO	RKOVER PIT	AND WE
ANTICIPATE THE CI					
PLAN SUBMITTED O					
I hereby certify that the information ab					
SIGNATURE by but	<del>}</del>	_TITLE	Company Represen	tative	DATE 11-30.04
Type or print name Kenny Rhoades	E-m	ail address:	Kenny.rhoades@dv	vn.com Teleph	none No. 505-320-6310
(This space for State use)					DEC =
APPPROVED BY JEMY	Found		L & CAS INSPECTO	o diet ar	<u> </u>
		11111			DALE SADA
Conditions of approval, if any	1	TITLE		*****	_DATE