State of New Mexico	Form C-103 March 4, 2004
Energy, Minerals and Natural Resources	Well API NO. 30-015-10199
OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	5. Indicate Type of Lease State Fee 6. 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)	7. Lease Name or Unit Agreement Name Atoka San Andres Unit
1. Type of Well RECEIVED	8. Well Number
2. Name of Operator MAR 2 6 2004	9. Ogrid Number States
DEVON ENERGY PRODUCTION COMPANY, LP	
3. Address and Telephone No. 20 North Broadway, Ste 1500, Oklahoma City, OK 73102 405-228-7512	10. Pool Name or Wildow Autor
4. Well Location	RECE BIEST N
	WEST VIDE OCU
12. Check Appropriate Box to Indicate Nature of Notice, Report or O	ther Data
	
PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPN	ALTERING CASING
UPULL OR ALTER CASING MULTIPLE COMPLETION CASING TEST AND CEMENT JOB	
Other Other	hart lor 14
13. Describe Proposed or Completed Operations (Clearly state all pertinent defails, and give pertinent dates, including estimate For Multiple Completions: Attach wellbore diagram or proposed completion or recompletion. If a pit or below-grade tank is involv	
form.	
Devon Energy Production Company, LP request approval to run a fr MIT on the referenced well as follows: MIRU pump truck Pressure up on casing to 500 psi for 30 minutes, using a chart type pressure recorder. RDMO pump truck	
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, out intentions are to re-evaluate the field for possible water flood redes See attached wellbore diagram.	agn.
Notify OC	D 24 hours
Notify OCD 24 hours prior to test. 748-1283	
prior to use.	
Te	incorery Abandoned Status approved
	· 7-7-07
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Thereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE THE Sr. Operations Technician	DATE3/24/2004
Type or Print name Karen Cottern E-mail Address: karen.cottom@dvn.c	
APPROVED BY	APR 5 2004
Conditions of approval, if any:	7 2 0-1
1-18	7-13-04



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