Submit 3 Copies To Appropriate District	State of New Mexic	0	c(\$1	<b>/ / Form C-103</b>	
Office District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natural	Resources	WELL API NO.	Revised March 25, 1999	
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION D	DIVISION		30-015-00176	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco		5. Indicate Type STATE		
District IV 2040 South Pacheco, Santa Fe, NM 87505	Santa Fe, NM 8750	5		FEE X  Gas Lease No.	
	S AND REPORTS ON WELLS	557	7. Lease Name o	r Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.)	S TO DRILL OR TO DEEPEN OR PLA	168 ACK TO A	ATOKA SAN A		
1. Type of Well: Oil Well Gas Well	OtherINJECTION WELL	OCH			
2. Name of Operator DEVON ENER	RGY PRODUCTION CO. EP	13	8. Well No. 11	3	
3. Address of Operator 20 NORTH I	BROADWAY	6	9. Pool name or		
4. Well Location	A CITY, OK 73102		ATOKA, SAN	ANDRES	
Unit Letter J : 164	45.5 feet from the SOUTH	line and <u>2310</u>	)	1 FACT	
S AAA 24 WO		line and <u>2310</u>	leet fro	om the <u>EAST</u> line	
Section 11	Township 18S Ra 10. Elevation (Show whether DR,	ange 26E	NMPM	CountyEDDY	
	3316' KB				
11. Check App NOTICE OF INTE	ropriate Box to Indicate Na				
	PLUG AND ABANDON	REMEDIAL WORK	SEQUENT RE	ALTERING CASING [	
TEMPORARILY ABANDON X	CHANGE PLANS	COMMENCE DRIL	COMMENCE DRILLING OPNS. PLUG AND		
	MULTIPLE  COMPLETION	CASING TEST AN CEMENT JOBS	D	ABANDONMENT	
OTHER:		OTHER:INTEGRI	TY TEST	<u>[X</u>	
12. Describe proposed or completed of starting and proposed work). So or recompletion.  Ran mechanical intergrity test 10/9/20 min.	EE RULE 1103. For Multiple Co	ompletions: Attach d	iagram of propose	d completion	
Rig down OK Hot Oil pump truck.					
Gerry Guy w/OCD witnessed test.					
See attached chart.					
We are requesting a TA Status.					
	Te				
st 1A	ur	emporery Abandoned Status a	approved →1		
12t .		nti 10 - 9 - 0	7—		
I hereby certify that the information al	UT .	10-9-0	7		
I hereby certify that the information all SIGNATURE	bove is true and complete to the	10-9-0	e and belief.	DATE 10/11/2002	
I hereby certify that the information all SIGNATURE  Type or print name Josie M. Paul	bove is true and complete to the	best of my knowledg	e and belief.	DATE <u>10/11/2002</u> phone No. (505)748-3371	
I hereby certify that the information all SIGNATURE	bove is true and complete to the	best of my knowledg	e and belief.		