Submit 3 Copic. ** to 7 ** Opt ate District Office		New Mexico atural Resources Departn.	~~~~	Form C-103 C	51- AQ
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	P.O.	ATION DIVISION Box 2088 Mexico 87504-2088	3 5	VELL API NO. 0-015-00207 Indicate Type of Lease STATE FEI 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.)				. Lease Name or Unit Agreement Na Atoka San Andres Unit	ime
2. Name of Operator				. Well No.	
DÉVON ENERGY PRODUCTION COMPANY, LP 3. Address of Operator 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 228-7512			9	35 2. Pool name or Wildcat Atoka, San Andres	
4 Well Location Unit Letter <u>F</u> : <u>1650</u> Feet From The	North	Line and 2980	Feet Fro	m The East Line	
Section 14 Township	0 18S Range 10. Elevation (Show whether the second se	26E N her DF, RKB, RT, GR, etc.)	імрм ///////////////////////////////////	Eddy County	
Check A	ppropriate Box To Indicate N	lature Of Notice, Report	, Or Othe	r Data	
NOTICE OF IN	SUBSEQUENT REPORT OF:				
	PLUG AND ABANDON	REMEDIAL WORK COMMENCE DRILLING OP CASING TEST AND CEMEN	_	ALTERING CASING PLUG AND ABANDONMEN	П т []
PULL OR ALTER CASING OTHER:		OTHER:		menored work) SEE RIII E 1103	

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.

Devon Energy Production Company, L.P. request that this well be given temporary abandoment status. The most recent 5 year MIT is attached.

Since Devon became operator of this field, eight wells that were previously TA'd have now been put in active status. Upon continued review and evaluation, Devon anticipates that this well will be returned to active status or plugged. TA status is requested so that our field study can continue.

Temporary Abandor Approved Until 10 - 20	
I hereby certify that the information above a true and c	omplete to the best of my knowledge and belief.
SIGNATURE KUN ATTIM	TITLE ENGINEERING TECHNICIAN DATE 10/28/01
TYPE OR PRINT NAME Karen Cottom	TELEPHONE NO. (405) 235-3611
(This space for State use) Approved by Conditions of approval, if any:	TITLE Suid App P DATE 10-10-01

