Submit 3 Copies			New Mexico	Form C-103 C 1 5 F Revised 1-1-89
to Appropriate District Office	gy, Minerals	Ψ)		
DISTRICT I P.O Box 1980, Hobbs NM 88240	OIL CONSERVATION DIVISION			WELL API NO. 30-015-00224
DISTRICT II P O Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease STATE ☐ FEE ☒
DISTRICT III 1000 rio Brazos Rd. Aztec, NM 87410				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
I. Type of Well Oit Gas Well Well	Other Injection Well			
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP				8. Well No. 154
3. Address of Operator				9. Pool name or Wildcat Atoka, San Andres
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 228-7512 Atoka, San Andres				
4 Well Location Unit Letter A:405 Feet From The North Line and 990 Feet From The East Line				
Unit Letter A:405 Ft				
Section 23		Range w whe	26E NMPM Ther DF, RKB, RT, GR, etc.)	Eddy County
	3324' GL			
Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WO		П	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		П	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	П		CASING TEST AND CEMENT JOB	
OTHER:			OTHER:	
	ed Operations (Clearly state all pertinent details, and s	give per	tinent 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.				
Approved	Abandon Status Until		/ / / / / / / / / / / / / / / / / / /	RECEIVED ARTESIA OF
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE	uen Cetter		E ENGINEERING TECHNICIAN	DATE 10/28/01
TYPE OR PRINT NAME	Karen Cottom			TELEPHONE NO. (405) 235-3611
(This space for State use) (This space for State use)				
Approved by DATE				

