Submit 3 Copies To Appropriate District	State of Ne	State of New Mexico			Form C-103
Office District I	Energy, Minerals and	l Natural	Resources	WELL API NO.	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240				WELL APPNO.	30-015-00226
District II 811 South First, Artesia, NM 87210	OIL CONSERVA	TION D	IVISION	5. Indicate Type	of Lease
District III	2040 South Pacheco			STATE	FEE X
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, is	√M 8750:	5		Gas Lease No.
2040 South Pacheco, Santa Fe, NM 87505					
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)  1. Type of Well:	ICES AND REPORTS ON ISALS TO DRILL OR TO DEEPE CATION FOR PERMIT" (FORM)	EN OR PLU	IG BACK TO A R SUCH	ATOKA SAN	or Unit Agreement Name ANDRES UNIT
Oil Well Gas Well	OtherInjection We		/ 1 6		
2. Name of Operator DEVON El	NERGY PRODUCTION C	O. EP	Part 2n	Well No. 1:	56
3. Address of Operator 20 NOR		123	CD ARTED	Pool name or	
4. Well Location		150	CS/A	19/	
Unit Letter D :	feet from the	NORTH	line and 1990	feet fr	om the <u>WEST</u> line
Section 23	Township 18S	Ra	inge 26E	NMPM	County EDDY
560101	10. Elevation (Show wh	nether DR,	RKB, RT, GR, etc.)		
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					EPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	_	ALTERING CASING
TEMPORARILY ABANDON [X	CHANGE PLANS			RILLING OPNS.	PLUG AND  ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOBS	ND	
OTHER:			OTHER:INTEGI	RITY TEST	X
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.					
Ran mechanical integrity test 10/9/02. Rig up OK Hot Oil pump truck load casing with water. Pressure test casing to 520# for 30 min. Rig down pump OK Hot Oil pump truck.					
Gerry Guy w/OCD witnessed test.					
See attached chart.					
We are requesting a TA Status					
AV.					
Temporary Abandoned Status approved					
X.		~ <del>* ~</del>	10-9-0	7	
<b>.</b>					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE Signature	M. Paul		Engineering Techr		DATE 10/11/2002
Type or print name Josie M. Paul  Telephone No. (505)748-3371					
(This space for State use)	100		1-01	Les ID	OCT 17 200
APPROVED BY	100	_TITLE_	Suco	1300 €	DATE
Conditions of approval, it ally.					



