Subn 3 Copies to A ₁ , ropriate District Office	State of New Mexico .gy, Minerals and Natural Resources Departm.	Form C-103 CISF Revised 1-1-89	
DI <u>STRICT 1</u> P O Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P O Drawer DD, Artesia, NM 88210 <u>DISTRICT III</u> 1000 rio Brazos Rd, Aztec, NM 87410	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088	WELL API NO. 30-015-00290 5. Indicate Type of Lease STATE ☐ FEE ⊠ 6. State Oil & Gas Lease No.	
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVO (FORM C-10	ES AND REPORTS ON WELLS DSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIR. USE "APPLICATION FOR PERMIT" 1) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name Atoka San Andres Unit	
Type of Well Gas Well Other Injection Well Other Injection DEVON ENERGY PRODUCTION COM		8. Well No.	
3. Address of Operator 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 228-7512		9. Pool name or Wildcat Atoka, San Andres	
4 Well Location Unit Letter <u>M</u> :990 Feet From The <u>South</u> Section 13 Township 18S	Line and 330 Range 26E Ni 10. Elevation (Show whether DF, RKB, RT, GR, etc.)	Feet From The <u>West</u> Line MPM Eddy County	
Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data			
NOTICE OF INTENTION TO: SUBSE		EQUENT REPORT OF:	
	UG AND ABANDON ABANDON REMEDIAL WORK HANGE PLANS COMMENCE DRILLING OPN CASING TEST AND CEMENT OTHER:		

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 Abardon Status Approved Until 10-2000	LUI CI 131415 RECEIVED 1415 OCD - ARTESIA
	Sa N
I hereby certify that the information above is frue and complete to the best of my knowledge and belief. SIGNATURE Image: Complete to the best of my knowledge and belief.	DATE 10/28/01
TYPE OR PRINT NAME Cottom	TELEPHONE NO. (405) 235-3611
(This space for State use) Approved by Conditions of approval, if any:	date 10-9-01



