State of New Mexico Submit 3 Copies Form C-103 to inpropriate Revised 1-1-89 Lagy, Minerals and Natural Resources Departme DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION 30-015-05956 P.O. Box 2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 STATE [DISTRICT III 6. State Oil & Gas Lease No. 1000 rio Brazos Rd, Aztec, NM SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A JOHNSTON DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well Oil Well Gas Well Other ____ 2. Name of Operator 8. Well No. **DEVON ENERGY CORPORATION (NEVADA)** 3. Address of Operator 9. Pool name or Wildcat 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611 RED LAKE, Q, G, SA 4 Well Location Unit Letter L:2340 Feet From The SOUTH Line and 990 Feet From The WEST _Line Section 7 Township 18S Range 27E **NMPM EDDY** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3283' (3290' DF)

Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK TEMPORARILY ABANDON		PLUG AND ABANDON CHANGE PLANS		REMEDIAL WORK COMMENCE DRILLING OPNS.		ALTERING CASING PLUG AND ABANDONMENT		
PULL OR ALTER CASING		CHANGE I LANG	LJ	CASING TEST AND CEMENT JOB		PLUG AND ABANDONMENT	LJ	
OTHER:				OTHER: INTEGRITY TEST			\boxtimes	
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.								

Set CIBP at 900'.

Ran mechanical Integrity test 12/17/97. RU pump truck and load casing w/water. Pressure tested casing to 300 psi for 30 min.

OK. Chart attached.

We are requesting 12 months TA status. While evaluation for use in a water flood.

This Approval of Temporary Abandonment Expires



I hereby certify that the information above is true and complete to the best of SIGNATURE	f my knowledge and belief. TITLE ENGINEERING TECHNICIAN	DATE <u>12/22/97</u>
TYPE OR PRINT NAME Josie Paul		TELEPHONE NO. (405) 235-3611
(This space for State (se)		. 2

MAND GAS INSPECTOR Conditions of approval, if any:

DATE: 1-16-98

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Johnson 15 12.1297 J.Ws JAN 1998 RECEIVED 3 7 ö