State of New Mexico gy, Minerals ar. 1 Natural Resources Departm

Form	C-103
Revise	d 1-1-89

DISTRICT I P.O Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL	API	NO.
30-015	-059	956

Feet From The West

5. Indicate Type of Lease

Т	ATE	П	FEE	X

State Oil & Gas Lease No.

1000 rio Brazos Rd, Aztec, NM 87410	—
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 JOHNSTON
1. Type of Well Solution Oil Well Well Other	
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, L.P.	8. Well No.
3. Address of Operator 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611	9. Pool name or Wildcat RED LAKE, Q,G,SA

Section 7	Township 18S	Range	27E	NMPM	Eddy	County	
		0. Elevation (Show when	her DF, RKB, RT, GR, etc.)				
	//////////////////////////////////////	3283' (3290' DF)					
Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data							
NOTI	CE OF INTENTION	N TO:	SUB	SEQUENT	REPORT	ΓOF:	

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING		PLUG AND ABANDON CHANGE PLANS		REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB		ALTERING CASING PLUG AND ABANDONMENT
OTHER:				OTHER: INTEGRITY TEST		and work SEE BUILE 1103

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inch

CIBP @ 900'.

4 Well Location

Ran mechanical integrity test 12/20/01. Rig up OK Hot Oil pump truck and load casing with water. Pressure test casing to 500# for 30 min.

Mike Barton w/OCD witnessed test.

Unit Letter L:2340' Feet From The South

Rig down pump truck.

See attached chart.

We are requesting a TA Status.

Temporary Abandoned Status approved

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Josie M. Paul

TITLE ENGINEERING TECHNICIAN

DATE 12/21/01

TELEPHONE NO. (505) 748-3371

TYPE OR PRINT NAME (This space for State use)

Approved by Conditions of approval, if any TITLE Suld Sep P DATE 1-10-02

