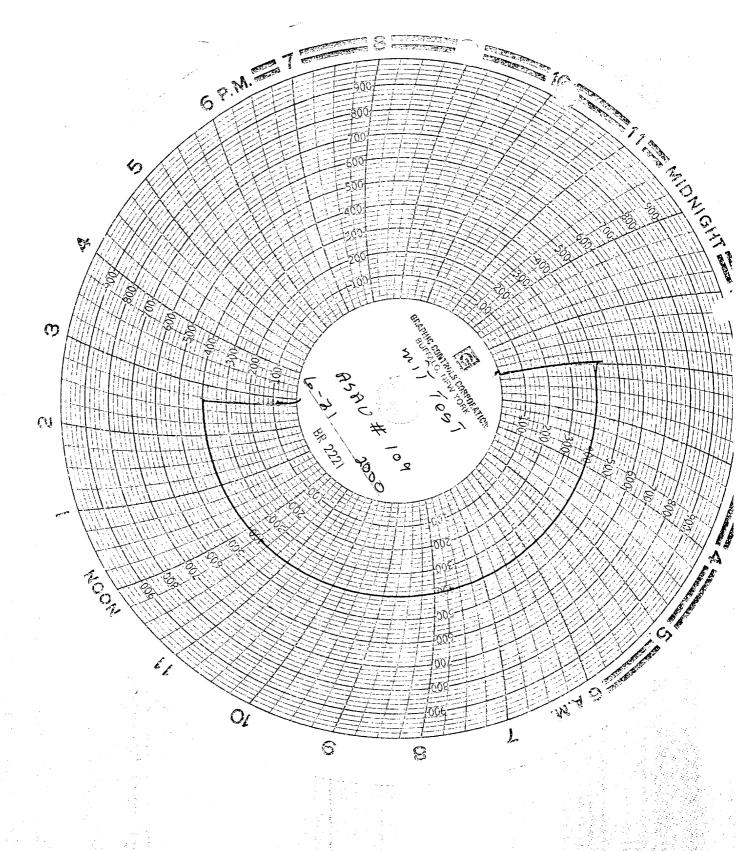
Form C-103

		St	ate of	New Mexico		Revised 1-1-89	4/~	
Submit 3 Copir - to Appropriate District Office	Eigy, Minerals and Natural Resources Departme.					Keviseu 1-1-03		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION					WELL API NO. 30-015-10146		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088					ate Type of Lease STATE F	EE 🛛	
DISTRICT III 1000 rio Brazos Rd, Aztec, NM 87410	, 					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		
1. Type of Well Oil Gas Well Other Injection Well						No		
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, L.P.						8. Well No. 109W		
3. Address of Operator 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 235-3611						9. Prohame or Wildcat		
4 Well Location Unit Letter <u>J</u> :2310'	Feet From The Ea	st		Line and 1821' Fee	t From The	South Line		
Section 12	Township 18	es.	Range	26E NMPM ther DF, RKB, RT, GR, etc.)		Eddy County	1 12	
GLE 3293' / KDB 3303.8'								
PERFORM REMEDIAL WO TEMPORARILY ABANDON PULL OR ALTER CASING OTHER: 13. Describe Proposed or Complete	RK	ENTION TO: PLUG AND ABANDON CHANGE PLANS rly state all pertinent details, and		REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB	ENT RE A P Ran MIT	EPORT OF: LITERING CASING PLUG AND ABANDONM	ENT []	
Devon Energy Produ	1011011 Collip	ad off TOH w/thg	and s	afety jt. Test for hole in ca	sing w/rl	op & pac @ 1643'		
Did not find hole in	casing. Tih	w/packer and 51 its	2 3/8	3" IPC tbg set @ 1604'. Cir	hole w/p	packer fluid.		
Ran Mit, Pressured								
Mit Chart Attached		, 			01/12 13 14 15 JR	OCO RECE 25		
I hereby certify that the information	nation above is tri	e and complete to the best of	my kn	owledge and belief.		2679		
SIGNATURE	ie 4.	raul		E ENGINEERING TECHNICIAN	-	ATE <u>6/23/00</u>		
TYPE OR PRINT NAME	Josie M. Paul				TE	ELEPHONE NO. (505) 74	5-3371	
(This space for State use)				_		111		
Approved by Conditions of approval, if an	Leefield y:		TITI	E Field Rep IF	DA	ATE 6/29/2000.		



John Capps (Kenco)

le-21-00

Lough Hothert

Lough - 200