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Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department			Form C-103 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088		WELL API NO. 30-015-28181  5. Indicate Type of Lease STATE FEE X  6. State Oil & Gas Lease No.			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410					
				0,11007,16	TIOTO AND DEBORTO ON WE
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 West Red Lake		
1. Type of Well: OR GAS WELL X WELL	OTHER.		- West Red La	ake	
2. Name of Operator	J	···	& Well No.		
Devon Energy Corpor	ation (Nevada)		de Well 140	42	
3. Address of Operator 20 N. Broadway, Suite 1500, Oklahoma City, OK 73102			9. Pool same or Wildcat Red Lake: Q-GB-SA		
4. Well Location Unit Letter	330' Feet From The South	Line and 1650	Total France 1	The East Line	
Unit Letter :	rea From the		Peat From	The Last Line	
Section 7	Township 18S )	ange 27E	<b>NMPM</b> Eddy	County	
	10. Elevation (Show whether	DF, KKB, KI, GR, etc.)			
11. Check	Appropriate Box to Indicate	Natura of Notice D	annet or Other I	//////////////////////////////////////	
	TENTION TO:	•	SEQUENT RE		
<u></u>	TENTION TO.	306	SEQUENT NE	FUNIUF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON L	REMEDIAL WORK		LTERING CASING	
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. 🗀 F	PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB	•	
OTHER:	D	OTHER: Change	total depth	x	
12. Describe Proposed or Completed Ope work) SEE RULE 1103.	rations (Clearly state all pertinent details, a	nd give pertinent dates, inclu	ding estimated date of s	tarting any proposed	
	nat this well is now be	ď	JEE PH	性 <b>D</b> '	
rather than 1900' as	s indicated on the Permi	tt to Drill.	EEn		
		•	FEB - 6 19	95	
		(1)	IL CON.	FN 110 A	
				UNV.	
			DIST. 2		
I hereby cartify that the information above is t	nue and complete to the best of my knowledge and	I balic.			
SIGNATURE LINDA LIE	epenbrock m	Engineer Tec	hnician	DATE 02-01-95	
TYPEOR PRINT NAME Linda Die	penbrock			TELEPHONE NO. 405/552-451	
(This space for State Use) ORIGINAL S DISTRICT II	IGNED BY TIM W. GUN SUPERVISOR			FEB <b>1 0 1995</b>	

CONDITIONS OF APPROVAL, IF ANY: