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	State of New Mexico		12,120	Form C-103
Office District I 1625 N. French Dr., Hobbs, NM 87240	energy, Minerals and Natural Resources		WELL API NO.	Revised March 25, 1999 30-015-31338
istrict II 1 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION			5. Indicate Type	
District III 2040 South Pacheco			STATE X FEE	
District IV 2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS O	N WELLS		7. Lease Name o	r Unti Agreement Name
(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.)			Scary Creek 25A State Com. [26657]	
1. Type of Well: Oil Well Gas Well X Other				
2. Name of Operator Devon-SFS Operating, Inc.			8. Well No. 1	
3. Address of Operator 20 N. Broadway, Suite 1500 OKC, OK 73102 (W.Frank 405/552-4595)			9. Pool name or Wildcat McMillan (Morrow) [81240]	
4. Well Location				
Unit Letter A : 660' feet from the	north	line and _66	60' feet fro	om the <u>east</u> line
Section 25 Township 2	20S Ra	nge 26E	NMPM	County Eddy, NM
10. Elevation (Show GL 3264', DF				
11. Check Appropriate Box to Ir		ture of Notice,	Report or Other	Data
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO			BSEQUENT RE	EPORT OF: ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS		COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOBS		
PULL OR ALTER CASING MULTIPLE COMPLETION				
OTHER:		OTHER: revisin	g production testing	X
12. Describe proposed or completed operations. (Clearly sof starting and proposed work). SEE RULE 1103. For or recompletion.				
At this time Devon wishes to change the production testing	g for the Sca	ry Creek 25A Stat	e Com. #1 as follow	'S.
01-22-2001 Flow tested at 440 MCF in 4 hrs and a 24 hr	rate of 2627	MCFGD.		4
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				(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
I hereby certify that the information above is true and com	nplete to the	best of my knowle	edge and belief.	
SIGNATURE Candace R. Straham	TITLE_	Engineering Tec	h.	DATE 11/26/2001
Type or print name Candace R Graham X4520				lephone No. (405)235-3611
(This space for State use) ORIGINAL DISTRICT		ly tim W. Gum Visor		DEC 0 2 2001
APPROVED BY Conditions of approval, if any:	TITLE_			DATE