Submit 3 Copies to Appropriate		f New Mexico Natural Resources Departr		Form C-103 Revised 1-1-89	clsi	
District Office	gy, withcrais and i	vaturar resources Departi.				
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	A	VATION DIVISION	WELL API 30-015-32		W	
DI <u>STRICT II</u> P.O. Drawer DD, Artesia, NM 88210		9. Box 2088 Mexico 87504-2088	5 Indicate	Type of Lease STATE ☒	FEE 🗌	
DISTRICT III 1000 rio Brazos Rd, Aztec, NM 87410		Mentes 3/33/ 2000	6 State Oi	1 & Gas Lease No.	TEE ()	
SUNDRY MOTI	CES AND REPORTS ON	IWELLS				
(DO NOT USE THIS FORM FOR PRO DIFFERENT RÉS <b>E</b> R		EEPEN OR PLUG BACK TO A OR PERMIT"		ame or Unit Agreeme Cross 28 State		
1. Type of Well Oil Well Gas Well Other	-					
Name of Operator     DEVON ENERGY PRODUCTION COMPANY, LP			8 Well No	8 Well No.		
3. Address of Operator				me or Wildcat		
20 NORTH BROADWAY, SUITE 15	00, OKLAHOMA CITY, OKLA	HOMA 73102 (405) 228-7512	Antelope 70480	Sink Morrow No	rth	
4 Well Location						
Unit Letter P:660 Feet From The South		Line and 660	Feet From the <u>Eas</u>	Line Line		
Section 28 Township 18S		24E Ni ther DF, RKB, RT, GR, etc.)	MPM E	ddy County		
	//// 3768' GR					
Check Appro	priate Box To Indicate N	Nature Of Notice, Report,	Or Other Data			
NOTICE OF INTER	NTION TO:	SUBSE	EQUENT REP	ORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	[ ] ALTE	ERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPN	S. [] PLUG	G AND ABANDONI	MENT 🗌	
PULL OR ALTER CASING		CASING TEST AND CEMENT	г ЈОВ			
OTHER: APD Extension		OTHER:				
13. Describe Proposed or Completed Operations (Clearly s	tate all pertinent details, and give pert	inent dates, including estimated date of	starting any proposed wor	k.) SEE RULE 1103.		
The Application for Permit to Dril unable to drill this well within the extension of one year to drill this v	1 year period. At this		oduction Compa			
Thereby certify that the information above is true ar	Han					
SIGNATURE JULIA (L)	TITLE	ENGINEERING TECHNICIAN		May 21, 2002		
TYPE OR FRINT NAME Karen Cottom			CELEPH	IONE NO. (405) 235	5-3611	
(This space for State use)  CRICINAL SIGN	ED BY THE W. GUM		as			
Approved by Conditions of approval, if any:				Y 29 252	<del></del>	