Submit 3 Copies To Appropriate District Office District 1	State of New Mexico nergy, Minerals and Natural Resources	Form C-103 May 27, 2004
1625 N. French Dr., Hobbs, NM 88240		WELL APLNO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-045-32882 5. Indicate Type of Lease
District III	1220 South St. Francis Dr.	STATE FEE
1000 Río Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	00011772	E-178-1
	ND REPORTS ON WELLS  DRILL OR TO DEEPEN OR PLUG BACK TO A FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Northeast Blanco Unit
PROPOSALS.)  1. Type of Well: Oil Well Gas W	ell 🛛 Other	8. Well Number 338
2. Name of Operator Devon Energy Production Company, L.P.		9. OGRID Number 6137
3. Address of Operator	\$ 200 as 100	10. Pool name or Wildcat
PO Box 6459, Navajo Dam, NM 87419	297.97.70 PM	Blanco Mesaverde
4. Well Location		
Unit LetterD :790'feet from theNorth line and940'feet from theWest line		
Section 16 Township		County San Juan
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 6,637'  Pit or Below-grade Tank Application  or Closure		
	Distance from nearest fresh water well	Distance from nearest surface water
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUC	G AND ABANDON 🔲 REMEDIAL W	ORK ALTERING CASING
	NGE PLANS	DRILLING OPNS.□ P AND A □ ENT JOB □
OTHER:	OTHER:	Spud Sundry
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion		
or recompletion.		
The above referenced well was spud on 7/3	0/05.	
		edge and belief. I further certify that any pit or below-t  or an (attached) alternative OCD-approved plan .
SIGNATURE SIGNATURE	TITLE Senior Operation	ons Technician DATE 8-8-05
Type or print name: Melisa Zimmerman E-mail address: melisa.zimmerman@dvn.com Telephone No.: (405) 552-7917  For State Use Only		
	TITLE SUPERVISOR DIS	TRICT#3 DATE AUG 1 2 201
APPROVED BY: Conditions of Approval (if any):	TITLE	DATE MUU 1 4 ZUI