Submit 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

to Appropriate
District Office

District I OIL CONSERVATION DIVISION DIVISIONI DIVISIO	ON	Well API No.	· · · · · · · · · · · · · · · · · · ·
Box 1980, Hobbs, NM 88240 2040 Pacheco St.		30-039-21409	
G . P . NR 607505		5. Indicate Type of Lease	109
P.O.Box Drawer DD, Artesia, NM 88210		STATE X	FEE
District III		6.State Oil & Gas LeaseNo.	
1000 Rio Brazos Rd., Aztec, NM 87410		E-505-6	į
SUNDRY NOTICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR		7. Lease Name or Unit Agree	ement Name
PLUG BACK TO A DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT"			
(FORM C-101) FOR SUCH PROPOSALS.)			
1. Type of Well:		Northeast Blan	nco Unit
Oil Well Gas Well X Other			
2. Name of Operator Devon Energy Production Co. L.P.		8. Well No. 22A	
3. Address of Operator 1751 Highway 511 Navajo Dam, New Mexico 87419 Attn: Kenny Rhoades		9. Pool name or Wildcat	
4. Well Location	_	Blanco Mesa Verde 72319	·
Unit LetterO:910' Feet From TheSouth Line and1970'_ Feet From Th	eEastLi	ine	
Section 36 Township 31N Range 7W	NMPM	Count	h. Dia Amiha
Section 36 Township 31N Range /W 10. Elevation (Show whether DF, RKB, RT, GR, etc.)	INDIFINI	Count	ty Rio Arriba
6458' GL			1.00
11. Check Appropriate Box to Indicate Nature of Notice	ce, Report, or O	Other Data	**************************************
	SEQUENT RE		
PERFORM REMEDIAL WORK X PLUG & ABANDON REMEDIAL WORK		LTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.	PL	UG & ABANDON	\sqcap
PULL OR ALTER CASING CASING TEST & CEMENT JOE	, <u> </u>		
OTHER: Water Shut Off OTHER			
	_		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated	l date of starting any p	roposed	
work) See Rule 1103.			
Devn Energy proposes to perform remedial work necessary to bring well into compliance			
test. Casing will be tested and necessary cement work will be performed to shut off gas fl		nhead. Then	
the Cliffhouse and Lewis formations will be evaluated and fracture stimulated if potential	exists.	The state of the s	
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		J. C. S. 15 05 81 30 2.	
I herby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE	_ DATE 7-3	30-03	
SIGNATURETITLE _Company Representative	_ DATE / _	<u>v_</u> 0>	
TYPE OR PRINT NAME Kenny Rhoades	TELEPHONE N	(505)632-0244	
(This space for State Use)	A	WG - 7 2003	
APPROVED BY Challe GAS INSPECTION,	DIST. @ DATE		
CONDITIONS OF APPROVAL IF ANY:	_ _		

