Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103 Revised June 10, 2003
<u>District I</u> Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240				WELL API NO.	
District II OIL CONCEDVATION DIVISION			30-045-30327		
1301 W Grand Ave , Artesia, NM 88210 District III	1220 South St. Francis Dr.			5. Indicate Type	
1000 Rio Brazos Rd, Aztec, NM 87410	Santa Fe, NM 87505			STATE	FEE 🛛
District IV 1220 S St. Francis Dr , Santa Fe, NM 87505				6. State Oil & C	ias Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name	or Unit 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				N. d Dl . W.	
PROPOSALS.)				Northeast Blanco Unit 8. Well Number	
1. Type of Well:				8. Well Number	
Oil Well Gas Well Other					
2. Name of Operator				9. OGRID Num	ber
Devon Energy Production Company, L.P.				6137 10. Pool name or Wildcat	
3. Address of Operator 20 N. Broadway, Oklahoma City, OK 73102				Basin Dakota/Blanco Mesaverde	
4. Well Location					
Unit LetterC:1,190'feet from theNorth line and1,450'feet from theWest line					
Section 12 Township 31N Range 7W NMPM County San Juan					
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 6,537'					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
				SEQUENT RE	EPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING					
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB		
OTHER:			OTHER: Down-ł	nole Commingle	
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.					
This is to notify the NMOCD of the d 10/16/07 and returned to sales on 10/1				es DHC # 2338AZ	
			,		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE SIGNATURE		_TITLE _	Sr. Operations Tecl	h DA	TE <u>10 - 22-07</u>
Type or print name: Melisa Castro	E-mail address:	Melisa.ca	stro@dvn.com	Tele	phone No.: (405)552-7917
(This space for State use)		∪il & Gas Inspector,			
APPPROVED BY Conditions of approval if any:	The same of the sa	TITLE	District	#3	NOV 2 7 2007