Submit 3 copies

to Appropriate
District Office

CONDITIONS OF APPROVAL IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

District.	OIL CONSE	RVATION DIV	ISION			
<u>District I</u> P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco St. Santa Fe, NM 87505		Well API No. 30-045-10061			
District II			5 L II - T			
P.O.Box Drawer DD, Artesia, NM 8821		a 1 c, 14141 67303		5. Indicate Type of STAT	[32]	[]
District III	•			6.State Oil & Gas		FEE
1000 Rio Brazos Rd., Aztec, NM 87410					E-3150-1	
SUNDE	RY NOTICES AND RE	EPORTS ON WELLS				ičkoj ja j
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR				7. Lease Name or Unit Agreement Name NEBU		
PLUG BACK TO A DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT"						
	(FORM C-101) FOR SUCH	H PROPOSALS.)				
1. Type of Well: Oil Well Gas Well	X Other					
2. Name of Operator Devon Energy Corporation				8. Well No. NEBU #39		
3. Address of Operator 3300 North B	Butler Ave. Suite 211 Farmingto	on, NM 87401		9. Pool name B	lanco Me	saverde
4. Well Location Unit Letter K: 1520 Feet F	From The <u>South</u> Line ar	nd <u>1520</u> Feet From The <u>W</u>	'est Line		County:	San Juan
	10. Elevation (Show whether 1 6418' GL	DF, RKB, RT, GR, etc.)				Ar i di
11.	Check Appropriate	Box to Indicate Nature o	f Notice, Report, or O	ther Data		<u> </u>
NOTICE OF INTER	_		SUBSEQUENT RE	PORT OF:		
	PLUG & ABANDON	REMEDIAL WORK		LTERING CASI	NG	
TEMPORARILY ABANDON	_CHANGE PLANS	COMMENCE DRILLING	<u>=</u>	.UG & ABANDO	N	
PULL OR ALTER CASING OTHER:	_]	CASING TEST & CEME OTHER	ENT JOB			
		U OTHER				
 12. Describe Proposed or Completed Operation work) See Rule 1103. Devon Energy plans to perform to perf	Form the following was. Remove production of cement behind the 5 from 3400 +/-'. 5-1/2" casing stump a pop of cement behind the asing.	work to the subject we equipment. Isolate exist-1/2" casing. and cement. The 7-5/8" intermediate cases of the production of the producti	II: sting completion. asing. Perform rem		work to	ensure
I herby certify that the information above	is true and complete to the b	est of my knowledge and belief.				<u></u>
SIGNATURE JOHN	TITL	E: Company Representative	DAT	E 7-1-02		
TYPE OR PRINT NAME	JOHN FREIER		TELEPHONE NO	D. 505-324	I-0033	
(This space for State Lise)		DEFENY CL & EAS IN	PECTOR, DIRT. #13	*****		-
APPROVED BY		TITLE	DATE	JUE-	-5 20	02