

Submit 3 copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

OIL CONSERVATION DIVISION

**District I**

P.O. Box 1980, Hobbs, NM 88240

**District II**

P.O.Box Drawer DD, Artesia, NM 88210

**District III**

1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.  
Santa Fe, NM 87505

Well API No.	30-045-23481
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Northeast Blanco Unit
8. Well No.	#201
9. Pool name or Wildcat	Basin Frtl Coal

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator Devon Energy Production Co., L.P.	
3. Address of Operator 3300 North Butler Ave. Suite 211 Farmington, NM 87401	
4. Well Location Unit Letter ____ M ____: 990 Feet From the SOUTH Line and 1030 Feet From the WEST Line Section 9 Township 31N Range R7W NMPM County: San Juan	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6652' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO: <b>X</b>		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG & ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	PLUG & ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST & CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	

12. 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.

This well will be evaluated for possible stimulation options, casing repair or P&A during the first quarter of 2001.

I herby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: James K Abbey TITLE: Operations Engineer DATE: 11/6/00  
TYPE OR PRINT NAME: James K Abbey TELEPHONE NO. (505) 324-0033

(This space for use by the District Office)  
APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: NOV - 8 2000  
CONDITIONS OF APPROVAL IF ANY: