

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

RECEIVED

FEB 14 2005

OFFICE OF THE ATTORNEY GENERAL

Well APT NO.	30-015-28709
5. Indicate Type of Lease	<input checked="" type="checkbox"/> State <input type="checkbox"/> Fee
6. State Oil & gas Lease No.	
7. Lease Name or Unit Agreement Name	West Red Lake Unit
8. Well Number	61
9. Ogrid Number	6137
10. Pool Name or Wildcat	Red Lake (Q-GB-SA)

SUNDRY NOTICES AND REPORTS ON WELLS
(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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP	3. Address and Telephone No. 20 North Broadway, Ste 1500, Oklahoma City, OK 73102 405-552-8198
4. Well Location Unit Letter C 330 feet from the FNL line and 2310 feet from the FWL line Section 9 Township 18S Range 27E NMPM County Eddy		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3549 GL		


12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: <input type="checkbox"/> PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input checked="" type="checkbox"/> Other _____	SUBSEQUENT REPORT OF: <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPN <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> OTHER _____

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 or proposed completion or recompletion. If a pit or below-grade tank is involved in the operation, complete the reverse side of this form.

WRLU #61 WIW

NMOCD records show the referenced well as inactive. We were recently notified that it was out of compliance with OCD regulations, and that prompt action was required to bring it into compliance. I am attaching a copy of the 09/04 form C-115 showing the well to be active and taking water. It has been continuously active since that time. Please adjust your records accordingly.

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

SIGNATURE  TITLE Sr. Staff Engineering Technician DATE 2/9/2005
Type or Print name Norvella Adams E-mail Address Norvella.adams@dvn.com Telephone No. 405-552-8198
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

2	Operator:	DEVON ENERGY PRODUCTION CO LP
3	OGRID:	006137
4	Month/Year	09/2004
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