


Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N French Dr., Hobbs, NM 88240  
 District II  
 1301 W Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 May 27, 2004

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

WELL API NO. 30-015-33851
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name State CW
8. Well Number 2
9. OGRID Number 6137
10. Pool name or Wildcat Burton Flat; Morrow

**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: Oil Well  Gas Well  Other  **APR - 1 2008**

2. Name of Operator  
 Devon Energy Production Company, LP **OCD-ARTESIA**

3. Address of Operator  
 20 North Broadway Oklahoma City, Oklahoma 73102-8260 (405) 552-7802

4. Well Location  
 Unit Letter H : 1500 feet from the North line and 1310 feet from the East line  
 Section 19 Township 20S Range 28E NMPM Eddy County, NM

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 3310' GL

Pit or Below-grade Tank Application  or Closure

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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

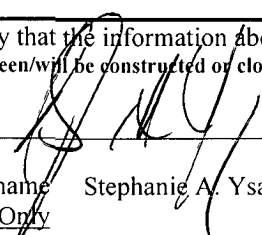
<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: WORKOVER; REMOVE PACKER & LOWER TUBING 230' <input checked="" type="checkbox"/>	

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.

03/06/08 – 03/21/08:

MIRU. TIH w/2 7/8" seating nipple & 348 jts. NU/DN/BOP – NU tree – RD/MOWSU. RU w/swab, IFL @ 6,200'. Swab FL dwn to 9,000'. RD swab. Latch up to pkr & rls pkr & TOH w/371 jts tbg. RU W/L – RIH 7 set FSG plug in pkr. NU/BOP – rls on/off tl. RIH w/swab, swab FL dwb to 8,000'. RU unit. Bled well dwn, pmp 10 bbls dwn tbg & 10 bbls dwn csg. ND tree. L/D 4 jts tbg, NU tree. Swab, RD unit. Turned well over to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit  or an (attached) alternative OCD-approved plan .

SIGNATURE  TITLE Sr. Staff Engineering Technician DATE 03/31/08

Type or print name Stephanie A. Ysasaga E-mail address: Stephanie.Ysasaga@dvn.com Telephone No. (405) 552-7802  
 For State Use Only

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

Accepted for record - NMOCD