Submit 3 Copies To Appropriate District Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources		SEP 10 2009 WELL API NO.	Form C-103 May 27, 2004
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	OIL CONSERVATIO 1220 South St. Fr. Santa Fe, NM	ancis Dr.		FEE
87505  SUNDRY NOT  (DO NOT USE THIS FORM FOR PROPC)  DIFFERENT RESERVOIR. USE "APPLI		PLUG BACK TO A	7. Lease Name or U Atoka San Andres	_
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other			8. Well Number	
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP			9. OGRID Number 6137	
3. Address of Operator 20 North Broadway, Ste 1500, Oklahoma City, OK 73102 405-552-4615			10. Pool name or Wildcat San Andres	
4. Well Location Unit Letter A:	330'feet from the _North_	line and 330' f	eat from the Fast	line
Section 14	Township 18S	inie and _330i Range 26E	NMPM	County Eddy
Part Programme	11. Elevation (Show whether D			The Control of the Co
Pit or Below-grade Tank Application	3300' GL			
i	vaterDistance from nearest fresh	ı water well Dista	nce from nearest surface	water
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF IN PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING	<u> </u>	REMEDIAL WORK COMMENCE DRIL CASING/CEMENT	LING OPNS. P	DRT OF: TERING CASING  AND A
OTHER:	П	OTHER:		П
13. Describe proposed or comp	oleted operations. (Clearly state alork). SEE RULE 1103. For Multi	l pertinent details, and	ach wellbore diagram	of proposed completion
2. Spot 25 sx cement on C		(337')	To any w	24 his. pho. <b>Ork done.</b>
I hereby certify that the information grade tank has been/will be constructed or SIGNATURE	closed according to NMOCD guidelines	best of my knowledge s □, a general permit □ o Engineering Tech	r an (attached) alternativ	ertify that any pit or below- e OCD-approved plan
Type or print name Ronnie Slace For State Use Only	k E-mail address:	Ronnie.Slack@dvn.c	om Telephone	No. 405-552-4615
APPROVED BY: Conditions of Approval (if any):	TITLE		D	ATE 9/14/09

Approval Granted providing work is complete by 12/14/09



