Form C-103 State of New Mexico Submit 3 Copies Revised 1-1-89 to Appropriate Energy, Minerals and Natural Resources Department District Office DISTRICT I WELL API NO. OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 30-015-00308 P.O. Box 2088 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 STATE 🛛 FEE 🔲 DISTRICT III 6. State Oil & Gas Lease No. 1000 rio Brazos Rd, Aztec, NM 87410 **SUNDRY NOTICES AND REPORTS ON WELLS** 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Atoka San Andres Unit DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well RECEIVED Ŭ Oil Well Other Water Injection FFR 1 7 2004 2. Name of Operator 8. Well No. **DEVON ENERGY PRODUCTION COMPANY, LP** OCD-ARTESIA 3. Address of Operator 9. Pool name or Wildcat 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 2287512 Atoka San Andres 4 Well Location Unit Letter H:2310 Feet From The North Line and 330 Feet From The East Range 26E **NMPM** Township 18S Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3326' GR Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB

Devon Energy Production Company, LP., request approval to run a 5yr MIT on the referenced well. We wish to TA rather than plug because mechanical problems make it wise to retain all useable well bores, as replacements should

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.

active well bores fail. In addition, our intentions are to re-evaluate the field for possible water flood redesign.

The intent to TA must describe the proposed temporary abandonment procedure to be used. No work shall be commenced until approved by the Division and the operator shall give 24 hours notice to the appropriate District office of the Division before work actually begins

OTHER:

I hereby certify that the Information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Jaren Cotton	TITLE OPERATIONS TECHNICIAN	DATE 2-13-04
TYPE OR PRINT NAME Karen Control		TELEPHONE NO. (405) 235-3611
(This space for State use)		FEB 18 2004
Approved by	TITLE	DATE