Submit 3 Copies To Appropriate District State of New Mexico	5 Form C-103
Energy Minerals and Natural	Resources Revised March 25, 1999
1625 N. French Dr., Hobbs, AM 87240	WELL API NO. 30-015-30855
811 South First, Artesia, NM 87210	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztect NM 87410 2 ARTES 2040 South Pacheco	STATE FEE X
District IV 2040 South Pacheco, Santa Fe, MM 87505	6. State Oil & Gas Lease No.
SUNDRY YOUTGES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOI	JG BACK TO A Pecos "32L" Fee Gas Com.
PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other	[45507]
2. Name of Operator Devon Energy Production Company, L.P.	8. Well No. 2
3. Address of Operator 20 N. Broadway, Suite 1500 Tom Pepp	per 9. Pool name or Wildcat
Oklahoma City, OK 73102 Ops Engr Advisor Avalon (Morrow) [70920] 4. Well Location 405-552-4513	
Unit Letter L : 1750' feet from the south line and 1250' feet from the west line	
Section 32 Township 20S Ra	ange 27E NMPM County Eddy, NM
10. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3215', DF 3231', KB 3232'	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON	SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TEST AND CEMENT JOBS
OTHER:	OTHER: pulled packer and installed chemical pump
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.	
12-5-2002 thru 12-17-2002 Rigged up pulling unit. Killed well. ND well head, NU BOP. Released packer. POH with packer and 2 3/8" tubing. Ran 345 jts 2 3/8" N-80 tubing open ended with seating nipple set at 10,952'. ND BOP, NU well head. Rigged up and swabbed. Dropped soap sticks. Set chemical pump. Began pumping foamer down casing. Returned to production.	
I hereby certify that the information above is true and complete to the	best of my knowledge and belief.
SIGNATURE Candace R. Graham TITLE Engineering Tech. DATE 03/20/2003	
Type or print name Candace R. Graham X4520 (This space for State use)	Telephone No. (405)235-3611
(This space for State use) APPROVED BY	DATE
Conditions of approval, if any:	
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