State of New Mexico	March 4, 2004
Energy, Minerals and Natural Resources	Well API NO. 30-015-33851
OIL CONSERVATION DIVISION	5. Indicate Type of Lease
1220 South St. Francis Dr. Santa Fe, NM 87505	State Fee 6. State Oil & gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7
(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)	Lease Name or Unit Agreement Name State CW Well Number
1. Type of Well	
2. Name of Operator	9. Ogrid Number
DEVON ENERGY PRODUCTION COMPANY, LP	6137
3. Address and Telephone No.	10. Pool Name or Wildcat
20 North Broadway, Ste 1500, Oklahoma City, OK 73102 405-228-8209	Avalon; Morrow
4. Well Location	and the second of the second o
Unit Letter H 1500 feet from the North line and 1310 feet from the	East line
Section 19 Township 20\$ Range 28E NMPM	County Eddy
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3310' GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Ott	her Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLING OPN	☐ ALTERING CASING ☐ PLUG AND ABANDONMENT
TEMPORARILY ABANDON CHANGE PLANS	PEOG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE COMPLETION CASING TEST AND CEMENT 30B	
☐ Other OTHER	
13 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated	d 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 invol form.	lved in the operation, complete the reverse side of this
Devon Energy Production Co., LP respectfully requests approval to drill the intermediate hole with air inst approved drilling mud due to the concerns regarding loss of circulation in the area.	tead of the previously
approved drilling field due to the concerns regarding loss of circulation in the area.	
	RECEIVED
	JAN 28 2005
	OCU-MATESIA
	,
I hereby certify that the information above/is\true and complete to the best of my knowledge and belief.	
SIGNATURE / Sr. Regulatory Specialist	DATE 1/25/2005
Type or Print name Linda Guthrie E-mail Address: linda.guthrie@dvn.col	m Telephone No. 405-228-8209
(This space for State use)	
TIM W. GUM	JAN 3 0 2005
APPROVED BY DISTRICT II SUPERMISOR	DATE

Conditions of approval, if any: