Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office District I Energy, Minerals and Natural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 1301 W. Grand Ave., Artesia, VM 88270 CONSERVATION DISTRICT.	30-015-33923
District III FFR 1 4 200/ 1 1220 South St. Francis	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 874 Q ARTESIA, NM Sonto Fo. NIM 875.05	STATE FEE 6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, WM 87505	0. State Off & Gas Lease No.
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	SPUD 16 STATE
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Salt Water Disposal	8. Well Number 4
2. Name of Operator	9. OGRID Number
Devon Energy Production Company, L.P.	6137
3. Address of Operator	10. Pool name or Wildcat
20 North Broadway, Suite 1500, Oklahoma City, Oklahoma 73102 (405) 552-4615	DELAWARE
4. Well Location	
Unit Letter 0 : 960 feet from the South line and 1	feet from the East line
Section 16 Township 23S Range 29E	NMPM Eddy County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)
2965' GR	
Pit or Below-grade Tank Application or Closure	
Pit typeDepth to GroundwaterDistance from nearest fresh water well Di	stance from nearest surface water
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; C	onstruction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
12. Check Appropriate Box to indicate Nature of Notice, Report of Other Butt	
NOTICE OF INTENTION TO: SUE	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR	RK ALTERING CASING
TEMPORARILY ABANDON	ILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	T JOB 🔲
OTHER: Convert to SWD. Admin Order SWD-1070 OTHER: Authority to inject will be granted only 13. Describe proposed or completed operations. (Clearly state all pertinent details after receipt of subsequent C-103 and date	
13. Describe proposed or completed operations. (Clearly state all pertinent detail: after receipt of subsequent C-103 and date of starting any proposed work). SEE RULE 1103. For Multiple Completions original chart.	
or recompletion.	
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1. Retrieve existing production tubing, rods, and pump from wellbore.	
2. Set CIBP at 6500' and dump bail 35' cement on top to abandon Delaware perfs from 6520' to 6539'.	
3. Set CIBP at 5125' and dump bail 35' cement on top. PBD at 5090'.	
4. Perforate the Delaware Bell Canyon at 4655' – 4796' and 4850' – 4890'.	
5. Acidize 4655' – 4890' w/5000 gals 7.5% NeFe. Frac w/+/-120,000# proppant.	
6. Run 5-1/2" IPC packer and 2-7/8", IPC tubing. Set packer +/- 4600'. Load annulus with packer fluid and perform MIT test on	
casing. Chart results. (Note: Notify OCD 24 hours in advance prior to performing MIT test). Wellhead injection pressure shall be	
limited to 752 psi. Equip well with pressure limiting device so that 752 psi is not exceeded. Commence Injection at 4655'-4890'.	
7. If necessary, add additional perforations in Delaware Bell Canyon at 3760'-3800' and 3890'-3920'. Acidize 3760'-3920' w/5000 gals 7.5% NeFe. Frac same w/+/-120,000# propant. Run 5-1/2" IPC packer and 2-7/8", IPC tubing. Set packer +/- 3710. Load annulus with	
packer fluid and perform MIT test on casing. Chart results. Commence injection at 3760'-4890'.	
parties made and perform that test on stabing. Chart issues, Commence injustion at 5 700	1050.
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	J or an (attached) alternative OCD-approved plan ∐.
SIGNATURE ROMME Stack TITLE Engineering Tech	nicianDATE02/12/07_
TITLE Engineering Tech	DATE_02/12/0/_
Type or print name Ronnie Slack E-mail address: Ronnie.Slack@dvn.com Telephone No. 405-552-4615	
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APPROVED BY: Conditions of Approval (if any):	
APPROVED BY:	DATE
Conditions of Approval (if any):	
/	



