Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department				Form C-103 Revised 1-1-89
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION			[WELL API NO.
DISTRICT II	012	P.O. Box 2088			30-025-36302 5. Indicate Type of Lease
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088				STATE 🛛 FEE 🗌
<u>DISTRICT III</u> 1000 rio Brazos Rd, Aztec, NM 87410					6. State Oil & Gas Lease No.
S	UNDRY NOTICES AND RE	PORTS ON			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 PROPOSALS.)					Rio Blanco 9 State
1. Type of Well ☐ ^{Oil} Ø ^{Gas} ☐ Other					
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP					8. Well No.
3. Address of Operator					9. Pool name or Wildcat
20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 228-8209					Wildcat
4 Well Location Unit Letter <u>B:660</u> Fe	et From The <u>North</u>		Line and 1980	Feet Fi	rom The <u>East</u> Line
Section 9	Township 23S	Range	34F	NMPM	Lea County
	///////////////////////////////////////				
	•• •		Nature Of Notice, Report	t, Or Oth	er Data
10. Elevation (Show whether DF, RKB, RT, GR, etc.)					
PERFORM REMEDIAL WO	RK 🗌 PLUG AND ABA	NDON	REMEDIAL WORK	[ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLAN	s 🛛	COMMENCE DRILLING OP	NS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING			CASING TEST AND CEMEN	ит јов [
OTHER:			OTHER:		·
13. Describe Proposed or Complete	d Operations (Clearly state all pertinent de	tails, and give per	tinent dates, including estimated date	of starting any	y proposed work J SEE ROLE 1103.
	ctfully requests approval t ident BOP testers to test t			sing witl	h the fig pump to 1000 psi. W
I hereby certify that the informal SIGNATURE TYPE OR PRINT NAME (This space for State use) Approved by Conditions of approval, if any:	ation above is the and complete to the Linda Guthrie	E TITLE	wledge and belief. OPERATIONS ASSOCIATE CLO REFRESENTATIVE II/ST	AFF MAN	DATE <u>06/25/04</u> <u>XANSI SANONE NO. (405) 235-3611</u> JAGER DATE JUL 0 8 2004