

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM
87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-36302
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Rio Blanco 9 State
8. Well No. 1
9. Pool name or Wildcat Bell Lake; Devonian, Northeast

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other _____
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP
3. Address of Operator 20 NORTH BROADWAY, SUITE 1500, OKLAHOMA CITY, OKLAHOMA 73102 (405) 228-8209
4. Well Location Unit Letter B 660 Feet From The North Line and 1980 Feet From The East Line

Section 9 Township 23S Range 34E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3402

Check Appropriate Box To Indicate Nature Of Notice, Report, Or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>

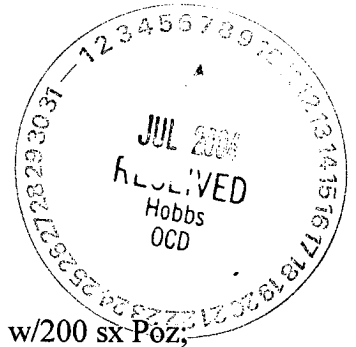
SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

Devon Energy respectfully requests approval to modify casing plans as follows:

Csg type	Hole size	csg size	weight	depth	sx cmt	TOC
Surface	17.5"	13 3/8"	54.5#	2000'	1327 sx	0
Intermed	12.25"	9 5/8"	40#	5175'	1370 sx	0
Interm: Prod	8.75"	7"	26#	11,950'	560 sx	8,105'
Liner	6.125"	5"	23.2#	14,550'	276 sx	11,219'



Cmt 13 3/8" lead w/1027 sx Poz, tail w/300 sx Cl C;
Cmt 9 5/8" Stage 1 lead w/417 sx Poz, tail w 250 sx Poz, Stage 2 lead w/503 sx Poz, tail w/200 sx Poz;
Cmt 7" lead w/560 sx Super H;
Cmt 5" liner w/276 sx Class H.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Linda Guthrie TITLE OPERATIONS ASSOCIATE

DATE 06/18/04

TYPE OR PRINT NAME Linda Guthrie

TELEPHONE NO. (405) 235-3611

(This space for State use)

CC FIELD REPRESENTATIVE II/STAFF MANAGER

Approved by Larry W. Wink
Conditions of approval, if any

TITLE _____

DATE JUL 08 2004