

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
March 4, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Well API NO.	30-025-34154
5. Indicate Type of Lease	<input checked="" type="checkbox"/> State <input type="checkbox"/> Fee
6. State Oil & gas Lease No.	
7. Lease Name or Unit Agreement Name	Hood State
8. Well Number	#1
9. Ogrid Number	6137
10. Pool Name or Wildcat	

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 checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other
2. Name of Operator	DEVON ENERGY PRODUCTION COMPANY, LP
3. Address and Telephone No.	20 North Broadway, Ste 1500, Oklahoma City, OK 73102 405-228-8209

4. Well Location	Unit Letter <u>F</u> <u>2250</u> feet from the <u>North</u> line and <u>2310</u> feet from the <u>West</u> line
	Section <u>25</u> Township <u>10S</u> Range <u>37E</u> NMPM County <u>Lea</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3918 GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- |   |  |
|---|--|
| <input type="checkbox"/> PERFORM REMEDIAL WORK          | <input type="checkbox"/> PLUG AND ABANDON    |
| <input checked="" type="checkbox"/> TEMPORARILY ABANDON | <input type="checkbox"/> CHANGE PLANS        |
| <input type="checkbox"/> PULL OR ALTER CASING           | <input type="checkbox"/> MULTIPLE COMPLETION |
| <input type="checkbox"/> Other _____                    |  |

SUBSEQUENT REPORT OF:

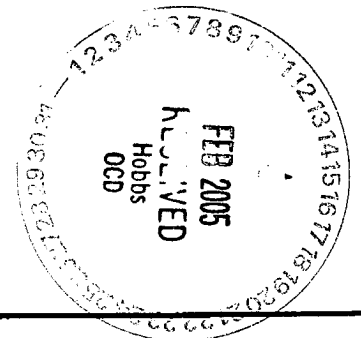
- |   |   |
|---|---|
| <input type="checkbox"/> REMEDIAL WORK              | <input type="checkbox"/> ALTERING CASING      |
| <input type="checkbox"/> COMMENCE DRILLING OPN      | <input type="checkbox"/> PLUG AND ABANDONMENT |
| <input type="checkbox"/> CASING TEST AND CEMENT JOB |   |
| <input type="checkbox"/> OTHER _____                |   |

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.  
For Multiple Completions: Attach wellbore diagram or proposed completion or recompletion. If a pit or below-grade tank is involved in the operation, complete the reverse side of this form.

This well is included in a sales package that Devon is currently marketing. The well has prospective recompletion potential based on mud log and log information. Devon requests to temporarily abandon this well to give the prospective purchaser the opportunity to evaluate for recompletion opportunities.

This well has 2 7/8" L80 tubing with a 5 1/2" Arrowset packer set at 11840' with packer fluid in the 2 7/8" x 5 1/2" annulus. Devon proposes to perform a MIT as follows:

1. Install chart recorder. Notify OCD at least 24 hours in advance of the test.
2. Pressure up the 2 7/8" x 5 1/2" annulus to 500 psi for 30 minutes.
3. Monitor tubing for any change in pressure during the test.



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

SIGNATURE Linda Guthrie TITLE Sr. Regulatory Specialist DATE 1/14/2005  
Type or Print name Linda Guthrie E-mail Address: linda.guthrie@dyn.com Telephone No. 405-228-8209  
(This space for State use)

APPROVED BY Harry W. Wink TITLE \_\_\_\_\_ DATE FEB 16 2005  
Conditions of approval, if any \_\_\_\_\_

OCD FIELD REPRESENTATIVE II/STAFF MANAGER