

Submit 2 Copies To Appropriate Defrice	2 9 2009 State o	f Naw Mayina			Farm C 102
	State o	f New Mexico s and Natural R			Form C-103 October 25, 2007
District I 1625 N. French Dr., Hopos, MJ 224)	30 UUL			WELL API NO. 30-025-00359	
1301 W. Grand Ave, Artesia, NM 88210				5. Indicate Type	e of Lease
<u>District III</u> 1000 Rio Brazos Rd , Aztec, NM 87410	azos Rd. Aztec. NM 87410 1220 South St. Francis Dr.			STATE	
<u>District IV</u> 1220 S. St Francis Dr, Santa Fe, NM	Obstrict IV Santa Fe, NM 8/505 220 S. St. Francis Dr., Santa Fe, NM				Gas Lease No.
87505 SUNDRY NO	TICES AND REPORTS (M WELLS		7 Leace 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)				North Anderson Ranch 33	
1. Type of Well: ⊠Oil Well [Gas Well Other			8. Well Number	
2. Name of Operator	. /		1	9. OGRID Num	iber
Devon Energy Production Co. L. 3. Address of Operator	<u>P. ′</u>			6137 10. Pool name of	w Wildoot
P. O. Box 250	Artesia, NM 88211	575-748-01			nch Wolfcamp
4. Well Location				/	
	feet from the South line an				
Section 33 Townshi	p 25S Range 32E NM		nty <u>Lea</u>		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4305' GL 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
12. Check Appropriate Box	to Indicate Nature of	Notice, Repor	t or Other Da	ita · .	
NOTICE OF I	NTENTION TO:		SUBS	EQUENT RE	PORT OF
PERFORM REMEDIAL WORK		N D REN			ALTERING CASING
TEMPORARILY ABANDON		□ coi	MMENCE DRILI	LING OPNS.□	P AND A
PULL OR ALTER CASING 10.			SING/CEMENT		
OTHER:			 ໄດ້ດວກໄດກ ic res	dy for OCD inci	pection after P&A
	in compliance with OCD	rules and the terr	ns of the Opera	tor's nit permit a	nd closure plan
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.					
A steel marker at least 4" in d	iameter and at least 4' abo	ove ground level l	has been set in c	oncrete. It show	s the
ODED ATOD NAME I	TO A COTO BLIA BATEL WEIGHT E BE	IIMBED ABYS	Tilenen ou	DEED 10.11. DE	
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR					
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.					
(1			_	r	
The location has been leveled	as nearly as possible to or	riginal ground co	ntour and has be	een cleared of all	junk, trash, flow lines and
other production equipment. Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.					
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with					
OCD rules and the terms of the Op	perator's pit permit and clo	sure plan. All flo	ow lines, produc	ction equipment	and junk have been removed
from lease and well location.					-
All metal bolts and other mater	rials have been removed.	Portable bases ha	ive been remove	ed. (Poured onsit	e concrete bases do not have
to be removed.) All other environmental conce	erns have been addressed	og ner OCD rules	., ., ., .,	Teach of the second	
Pipelines and flow lines have	been abandoned in accord	as per OCD fules ance with 19.15.9	: 9.714 B(4)(b) N	MAC Áll fluid	s have been removed from
non-retrieved flow lines and pipeli	nes. 4. TECCAME	7. 1	Company the state	ino i .	
When all work has been completed	y and the second		. PACE DIST		1 1.7 2
when all work has been completed inspection has to be made to a P&A	l, return this form to the ap A location because it does	propriate Distric not meet the crite	t office to schederia above, a per	lule an inspection alty may be asse	n. If more than one essed.
SIGNATURE Jony Mas	Them	_TITLEForer	nan	DATE	E_5/28/2008
	y Mathews	E-MAIL:		PHONE: _:	575-748-3371
For State Use Only	トイナナ	OK	TO RELEA)se	
APPROVED BY: CO	MPLIANCE OFFICER	TITLE	TO RELEA	19-08	DATE
Conditions of Approval (if any):			/		
e e e e geto	t to the second	s	,		ı