Submit I Conv To Appropriate District	Control of the contro	F., C 102
Submit I Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resourc	Form C-103 October 13, 2009
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
1301 W. Grand Ave., Artesia, NM 822	OIL CONSERVATION DIVISION 120 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NMOBBS	X. 0	
SUNDRY NOTICES A (DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION		7. Lease Name or Unit Agreement Name State BH
PROPOSALS.) 1. Type of Well: Oil Well Gas W	/ell ☐ Other SWD	8. Well Number 1
2. Name of Operator	\(\sqrt{\sq}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}\signt{\sqrt{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	9. OGRID Number 6137
Devon Energy Production Company, LP 3. Address of Operator		10. Pool name or Wildcat
20 North Broadway, Oklahoma City, Oklahoma 73102		SWD; San Andres
4. Well Location Unit Letter P: 990 fe	et from the South line and 330	feet from the Eastline
Unit Letter P : 990 feet from the South line and 330 feet from the East line Section 32 Township 15S Range 32E NMPM County Lea		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4309'		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
TEMPORARILY ABANDON	G AND ABANDON ☐ REMEDIAL COMMENCE.	SUBSEQUENT REPORT OF: WORK
OTHER:	□ OTHER:	<i>DH1</i> Press ure Tes t ⊠
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
Devon Energy Production Company, L.P. performed a pressure test on 8-04-2009 as follows:		
8-04-2009 MIT test; no truck required. Witnessed by OCD. Open surface valve – no pressure – well pasted test.		
Spud Date: 2/19/61	Rig Release Date: 9/8/6	1
I hereby certify that the information above	is true and complete to the best of my kno	owledge and belief.
SIGNATURE	TITLE_Fr. Staff Engineering	ng TechnicianDATEMay 6, 2010
Type or print name Norvella Adams E-mail address: _norvella.adams@dvn.com_ PHONE: _(405) 552-8198 For State Use Only		
APPROVED BY: TITLE STATE DATE 5-10-10 Conditions of Approval (if any):		