Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 87240	rgy, Minerals and Natural Resources	WELL API NO.
District II 811 South First, Artesia, NM 87210 O	IL CONSERVATION DIVISION	30-025-30719 5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco	STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
2040 South Pacheco, Santa Fe, NM 87505		NM-NM40452
(DO NOT USE THIS FORM FOR PROPOSALS TO I DIFFERENT RESERVOIR. USE "APPLICATION FO PROPOSALS.) 1. Type of Well: Oil Well Gas Well	OR PERMIT" (FORM C-101) FOR SUCH OtherSWD	7. Lease Name or Unit Agreement Name Shinnery 14 Federal SWD
2. Name of Operator Devon SFS Operating	g Inc.	8. Well No. 5
3. Address of Operator 20 North Broadway Oklahoma City, OK 73102		9. Pool name or Wildcat Delaware SWD
4. Well Location		
Unit Letter H · 2310 feet from the FNL line and 660 feet from the FEL line		
Section 14	Township 18S Range 32E	NMPM County Lea
10. E	levation (Show whether DR, RKB, RT, GR, etc.,	
11. Check Appropri	ate Box to Indicate Nature of Notice	Report or Other Data
NOTICE OF INTENTI PERFORM REMEDIAL WORK X PLUG	ON TO: SU	BSEQUENT REPORT OF:
TEMPORARILY ABANDON CHAN	GE PLANS COMMENCE D	RILLING OPNS. PLUG AND
PULL OR ALTER CASING MULTI COMP	PLE CASING TEST CEMENT JOBS	L=
OTHER: Tubing Leak	X OTHER:	
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion. 8/23/02 RU work over rig. TOH w/tbg, found bad coupling on the 72nd jt, shop pkr. 8/24/02 RU tbg tester. TIH w/redressed pkr. Hydro test tbg to 6000# above slips. Replaced 5 jts. Rig up Hughes Services pumped 100 bbls of pkr fluid down annulus. Set pkr in tension. Chart annulus for 30 min at 520#. Rig down work over rig. 8/25/02 Well back in service. See attached chart.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE FORM TIME	TITLE Asst. Foreman	DATE 09/02/2002
Type or print name Roger Hernandez		Telephone No. (505)748-5238
(This space for State use)		7 ctophone 110. (303)/46-3238
APPROVED BY	ORIGINAL SIGNED BY	D 1 777
Conditions of approval, if any:	CC FIELD REPORCENTAT	TIVE HISTAFF MANAGESEP 1 1 2002

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