Submit 1 Copy To Appropriate District	State of New Mexico			Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-24734 5. Indicate Type of Lease	
<u>District III</u> – (505) 334-6178	t III - (505) 334-6178 1220 South St. Francis Dr.		STATE STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	87410 Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM				
87505 SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit A	gramant Nama
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name of Omit A	igreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			BURTON FLAT DEEP UNIT	
PROPOSALS.) 1. Type of Well: Oil Well ☐ Gas Well ☒ Other			8. Well Number 23	
Type of Well: Oil Well ☐ Gas Well ☒ Other Name of Operator			9. OGRID Number	
DEVON ENERGY PRODUCTION COMPANY, LP.			6137	
3. Address of Operator			10. Pool name or Wildca	
333 WEST SHERIDAN AVENUE, OKC, OK 73102			3713 AVALON; BONE	
4. Well Location			<u> </u>	
Section 2	11. Elevation (Show whether DR			New Mexico
The state of the s	3/8		/	Array
AND COLUMN TO A STATE OF THE ST	9/81		Jan 1999	
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: CORRECT CLASSIFICA 13. Describe proposed or compof starting any proposed we proposed completion or recomposed completion or recomposed completion.	oleted operations. (Clearly state all ork). SEE RULE 19.15.7.14 NMA	SUB REMEDIAL WOR COMMENCE DR CASING/CEMEN OTHER: pertinent details, an C. For Multiple Con	SEQUENT REPORT K	RING CASING A ding estimated date diagram of
				ARTESIA DISTRICT
				SEP 07 2016
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				RECEIVED
SIGNATURE Grue Wo	lenan TITLE <u>Regula</u>	tory Compliance Ar	nalyst DATE 09.07.16	·
Type or print name <u>Erin Workman</u>	E-mail address: Erin	.workman@dvn.cor	n PHONE: (405)552-7970
For State Use Only	10	A 1	Ω	
APPROVED BY Conditions of Approval (if any):	Sharp TITLE BU	es Up Spec-	. Udu date 9	7-7-16