Submit I Copy To Appropriate District Form C-103 State of New Mexico Office Revised August 1, 2011 Energy, Minerals and Natural Resources District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-015-39071 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III - (505) 334-6178 STATE 🖂 FEE 🗌 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease 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 Gas Well Other OIL CONSERVATION Snapping 2 State PROPOSALS) 8. Well Number 4H I. Type of Well: Oil Well 9. OGRID Number 2. Name of Operator 6137 Devon Energy Production Company, L.P. 10. Pool name or Wildcat 3. Address of Operator Jennings; Bone Spring, West 333 W. Sheridan, Oklahoma City, Ok 73102-8260 RECEIVED 4. Well Location feet from the __ SOUTH_ line and 735 feet from the EAST Unit Letter P NMPM EDDY County Range 31E Township 26S Section 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3267' GL 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK □ COMMENCE DRILLING OPNS. P AND A П **CHANGE PLANS** TEMPORARILY ABANDON **CASING/CEMENT JOB** MULTIPLE COMPL **PULL OR ALTER CASING** DOWNHOLE COMMINGLE OTHER: Change Prod Method 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Production method changed from Gas Lift to Rod Pump. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Regulatory Compliance Specialist DATE 1/7/2019 **SIGNATURE** E-mail address: linda.good@dvn.com PHONE: 405-552-6558 Type or print name Lipda Good

For State Use Only

Conditions of Approval (i)