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Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103	
Office <u>District 1</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240			30-015- 45267	
<u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III - (505) 334-6178	1220 South St. Francis Dr.		STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM	IMIAL C	DIL CONSERVA	TION	
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS	ARTESIA DISTRIC	7. Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPO	OSALS TO DRILL OR TO DEEPEN OR PLU ICATION FOR PERMIT" (FORM C-101) FO	GIDAGKTOA 2010	SPUD MUFFIN 31-30	
	CATION FOR PERMIT" (FORM C-101) FO	RSOCHE L LUIJ	8. Well Number	
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🛛 Other		623H	
2. Name of Operator		RECEIVED	9. OGRID Number	
DEVON ENERGY PRODUCTION COMPANY, LP. 6137				
3. Address of Operator			10. Pool name or Wildcat	
333 WEST SHERIDAN AVENUE, OKC, OK 73102			PURPLE SAGE; WOLFCAMP	
4. Well Location				
Unit Letter <u>N: 62</u>	5 feet from the <u>SOUTH</u>	line and	_2435feet from theEAST	
line				
Section 31	Township 23S R	Range 29E	NMPM Eddy County New Mexico	
na na anna an an an an an an ann an an a	11. Elevation (Show whether DR,	, RKB, RT, GR, etc.,		
	295	9'		
12. Check	Appropriate Box to Indicate N	ature of Notice,	Report or Other Data	
			SEQUENT REPORT OF:	
		REMEDIAL WOR		
PERFORM REMEDIAL WORK				
TEMPORARILY ABANDON				
PULL OR ALTER CASING	-	CASING/CEMEN	I JOB	
CLOSED-LOOP SYSTEM			-	
OTHER: CSG VARIANCE		OTHER:	d give pertinent dates, including estimated date	
13. Describe proposed or com	pleted operations. (Clearly state all junctly) SEE BILLE 10.15.7.14 NMA(C For Multiple Co	mpletions: Attach wellbore diagram of	
proposed completion or re	completion		inpletions. Attach wencore atag.an or	
	-			
Devon Energy Production Co., LP respectfully requests approval to make the following changes for the subject well:				
<u>BHL CHG</u>				
FROM 230 FNL\1870 F TO 20 FNL\1870 F				
TO 20 FNL\1870 F	LL			
Non-standard location ha	s been filed.			
			- م ا	
			Y	
I hereby certify that the informatic	n above is true and complete to the b	best of my knowled	ge and belief.	
Et: 11	brknen			
gue n	TITLE Re	gulatory Complian	ce Analyst DATE 01/22/19	
SIGNATURE	IIILE <u></u>	guiatory Compitant	C Analyst DATE 002000	
Tune of print name Frin Workn	an E-mail address: Frin	workman@dvn.c	omPHONE: (405) 552- 7970	
Type of print nume_ <u>Drift Workshall</u> 2 man abbreach				
For State Use Only				
APPROVED BY	nd Today FITLE ()	10513+	DATE 1-22-19	
Conditions of Approval (if any):				
	RIP NICP Devon-Ir	nternal		

Rup	NSP Required
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