Submit 1 Copy To Appropriate District Office <u>District I</u> – (575) 393-6161	I – (575) 393.6161 Energy, Minerals and Natural Resources French Dr., Hobbs, NM 88240		Form C-103 Revised August 1, 2011		
1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283			WELL API NO.	.5-44722	
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		STATE 6. State Oil & Gas Lease	FEE L	
1220 S. St. Francis Dr., Santa Fe, NM			o. State Off & das Lease	140.	
87505 SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Ag	greement 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			Supposed 13.1 Food		
PROPOSALS.)			Snapping 12-1 Fed  8. Well Number 52211		
Type of Well: Oil Well			3330	9. OGRID Number	
Devon Energy Production Company, L.P.			6137		
3. Address of Operator 333 West Sheridan, Oklahoma City, OK 73102			10. Pool name or Wildcat		
4. Well Location			Jennings; Bone Spring, West		
Unit Letter F	2325 feet from the No	rth line and	1850 feet from the	West line	
Section 1		Range 31E	NMPM County	y EDDY	
	11. Elevation (Show whether I		)		
	<u>.                                    </u>	: 3237'			
12. Check	Appropriate Box to Indicate	Nature of Notice,	Report or Other Data		
			SSEQUENT REPORT	OE:	
NOTICE OF INTENTION TO: SUB PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				OF. ING CASING □	
—       —		ILLING OPNS. P AND			
PULL OR ALTER CASING	<del>-</del>	CASING/CEMEN	IT JOB 🔲		
DOWNHOLE COMMINGLE	•				
OTHER:		OTHER:	Completion	<u> </u>	
	pleted operations. (Clearly state a				
proposed completion or re	ork). SEE RULE 19.15.7.14 NM completion.	AC. For Multiple Co	ompletions: Attach Wellbore	diagram of	
	····•				
2/22/2019- 3/12/2019: MIRU WL & PT				rf Bonespring,	
9230-16723, total 905 holes. Frac'd 92 ND frac, MIRU PU, NU BOP, DO plugs 8	_	-		ts.	
			, , ,		
				RECEIVED	
				JUN 2 5 2019	
				JON B. O COID	
			nen	RICTII-ARTESIAO.C.D.	
			901		
I hereby certify that the information	above is true and complete to the	best of my knowleds	ge and belief.		
			<b>,</b>		
SIGNATURE TITLE Regulatory Analyst		DATE 6/12/2019			
-v					
Type or print nameJenny Harms	E-mail addı	ess:Jenny.Harms@	odvn.com PHONE: _	405-552-6560	
For State Use Only					
APPROVED BY:	TITLE		DATE	*	
Conditions of Approval (if any):					