Submit 1 Copy To Appropriate Di	strict		State of	of New I	Mexico	0			Forr	n C-103	
Office <u>District 1</u> – (575) 393-6161		Ene	rgy, Minera	ls and N	atural I	Resources			Revised Aug	ust 1, 2011	
1625 N. French Dr., Hobbs, NM 88240							WELL API NO. 3001545941				
811 S. First St., Artesia, NM 88210 OIL CO				ONSERVATION DIVISION				3001545941 5. Indicate Type of Lease			
District III - (505) 334-6178 1220 South St. Francis Dr.							STATE FEE				
District IV - (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505							6. State Oil & Gas Lease No.				
SUNDRY NOTICES AND REPORTS ON WELLS (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								7. Lease Name or Unit Agreement Name			
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other								TODD 36 STATE 8. Well Number 335H			
2. Name of Operator Devon Energy Production Company, L.P.								9. OGRID Number 6137			
3. Address of Operator 333 West Sheridan, Oklahoma City, OK 73102								10. Pool name or Wildcat SAND DUNES;BONE SPRING, SOUTH; Bone Sprin			
4. Well Location							_ SAND DO	NL3,DONE SP	-Killed, 30011	n, bone spri	
Unit Letter M	:	180	feet from th	ic So	uth	line and	455	feet from th	e West	line	
Section	36		Township	235	Range		NMPM	_	ounty	EDDY	
an a	ده که د.	11. Elev	ration (Show		DR, RK.	B, RT, GR, etc	.)	in the second			
				GL	: 3516.9)					
12. C	heck A	ppropri	ate Box to	Indicate	Natur	e of Notice,	Report of	· Other Da	ta		
NOTICE	OF IN	TENTIO	ON TO:			SUE	SEQUE	NT REPO	RT OF:		
PERFORM REMEDIAL WO	ND ABANDO	BANDON 🔲 🛛 REMEDIAL WO									
TEMPORARILY ABANDON	E PLANS	Ξ Ι									
PULL OR ALTER CASING		MULTIP	LE COMPL			SING/CEMEN	IT JOB				
DOWNHOLE COMMINGLE											
OTHER:						HER:		Completion		\square	
 Describe proposed of of starting any prop proposed completio 	osed wo	rk). SEE	RULE 19.15								
Devon Energy Production Co., L 135,31E. Please see attached re			fully request	s to chang	e the Bl	1L to 20 FNL/9	30 FWL, D-36	ō,			
.55,51E. Please see attached re	viseu pia	ι.									
									RECEN	NED .	
									AUG 28	2019	
								DISTR	NCTI-ARTI	SSIAOCI	
								91911	13 - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2		
			•								
I hereby certify that the infor	mation a	bove is tr	ue and comp	lete to the	e best o	f my knowledg	ge and belief				
\cap											
SIGNATURE ON	Y ti	innvo	T	TLE <u>R</u> e	egulator	y Analyst		DATE	8/20/2019	<u>,</u>	
Type or print name	larms		E·	-mail addı	ress:	Jenny.Harms@	odvn.com	PHON	E: <u>405-55</u>	52-6560	
For State Use Only		Jak	<u>}</u>	тг (10-17	,		3-39	- 19	
APPROVED BY Conditions of Approval (if a	mor	ye or he	10 mg FI		49	<u>x = 5. 11</u>		DATE_	5 8/		
Conditions of Approval (17)	пу):		\mathcal{O}			~					

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