

Submit 1 Copy To Appropriate District Office  
District I – (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II – (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III – (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV – (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised August 1, 2011

WELL API NO. 30-039-27715	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name NORTHEAST BLANCO UNIT	
8. Well Number 483A	
9. OGRID Number 6137	
10. Pool name or Wildcat BASIN FRUITLAND COAL	
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 PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP	
3. Address of Operator 333 WEST SHERIDAN AVENUE, OKLAHOMA CITY, OK 73102-5015	
4. Well Location Unit Letter <u>O</u> : <u>775</u> feet from the <u>S</u> line and <u>1995</u> feet from the <u>E</u> line Section <u>36</u> Township <u>31N</u> Range <u>7W</u> NMPM , County <u>RIO ARRIBA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6473' GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

OTHER: ☐

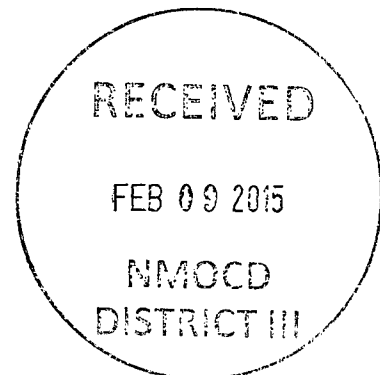
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☒ CHANGE FROM FLOWING TO PUMPING WELL

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.

11/18/2014 The well changed from a flowing to a pumping well.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Gaylan G. Bunas TITLE Regulatory Advisor DATE 2-4-15

Type or print name Gaylan G. Bunas E-mail address: gaylan.bunas@dmn.com PHONE: (405) 552-4594

**For State Use Only**

APPROVED BY: Ord Roll TITLE DEPUTY OIL & GAS INSPECTOR DISTRICT #3 DATE 2/12/15

Conditions of Approval (if any):

AV