Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
District II - (575) 748-1283	OIL CONSERVATION DIVISION	30-025-42785
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE 🖈 FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NO	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A JCATION FOR PERMIT" (FORM C-101) FOR SUCH	Thistle Unit
PROPOSALS.)		8. Well Number 111H
1. Type of Well: Oil Well  Gas Well  Other 2. Name of Operator		9. OGRID Number 6137
Devon Energy Production Co. LP		W. W. W. D.
3. Address of Operator		10. Pool name or Wildcat
333 W. Sheridan Ave OKC, OK 73102  4. Well Location		Triple X; Bone Spring (59900)
Unit Letter A	: 232.5 feet from the North line and	570 feet from the East line
Section 22	Township 23S Range 33E	NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	(c.)
	3707'	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF II PERFORM REMEDIAL WORK □		BSEQUENT REPORT OF:  RK
TEMPORARILY ABANDON		RILLING OPNS. P AND A
PULL OR ALTER CASING		NT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM  OTHER:	J □ OTHER:	П
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.		
Devon Energy respectfully requests the following changes to the original APD:		
SHL Change from 232.5 FNL & 570 FEL to 232.5 FNL & 600 FEL, both 22-23S-33E.		
No change to drilling plan. Please see attached revised C-102 and Directional Plan.		
Two change to drining plan. Thease see attached revised & 102 and Directional Fam.		
Spud Date:	Rig Release Date:	
Space Date.	This release bate.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
DI		
SIGNATURE REBULLI	TITLE Regulatory Analyst	DATE_12/18/2017
Type or print name Rebecca Deal E-mail address: rebecca.deal@dvn.com PHONE: 405-228-8429		
For State Use Only		
ADDDOVED DV.	TITLE Dated	DATE 12/18/17
APPROVED BY: Conditions of Approval (if any):	TITLE Petroleum Eng	uncer DATE / -//0///