

Sante Fe Main Office Phone: (505) 476-3441 General Information Phone: (505) 629-6116 Online Phone Directory https://www.emnrd.nm.gov/ocd/contact-us	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Form C-103 August 1, 2011 Permit 410749 WELL API NUMBER 30-015-56898 5. Indicate Type of Lease State 6. State Oil & Gas Lease No.
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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	8. Well Number 335H
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP	9. OGRID Number 6137
3. Address of Operator 333 West Sheridan Ave., Oklahoma City, OK 73102	10. Pool name or Wildcat

4. Well Location
 Unit Letter N : 618 feet from the S line and feet 1403 from the W line
 Section 14 Township 21S Range 27E NMPM _____ County Eddy

11. Elevation (Show whether DR, KB, BT, GR, etc.)
 3231 GR

Pit or Below-grade Tank Application or Closure

Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: Spud <input checked="" type="checkbox"/>

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

3/6/2026 Spudded well.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE	Electronically Signed _____	TITLE	Land Manager _____	DATE	3/6/2026
Type or print name	Jeff Walla _____	E-mail address	Jeff.Walla@dvn.com _____	Telephone No.	405-552-8154 _____

For State Use Only:

APPROVED BY:	Keith Dziokonski _____	TITLE	Senior Petroleum Specialist _____	DATE	3/10/2026 _____
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