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| Sante Fe Main Office<br>Phone: (505) 476-3441<br><br>General Information<br>Phone: (505) 629-6116<br><br>Online Phone Directory<br><a href="https://www.emnrd.nm.gov/ocd/contact-us">https://www.emnrd.nm.gov/ocd/contact-us</a> | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br><br>Permit 411865<br><br>WELL API NUMBER<br>30-015-57749<br><br>5. Indicate Type of Lease<br>State<br><br>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:<br>Oil   | 8. Well Number<br>916H   |
| 2. Name of Operator<br>DEVON ENERGY PRODUCTION COMPANY, LP                | 9. OGRID Number<br>6137  |
| 3. Address of Operator<br>333 West Sheridan Ave., Oklahoma City, OK 73102 | 10. Pool name or Wildcat |

4. Well Location  
 Unit Letter N : 558 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.)  
 3224 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:<br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>Other: _____ | SUBSEQUENT REPORT OF:<br>REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/><br>Other: <u>Spud</u> <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.

**2/28/2026** 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          | <u>Electronically Signed</u> | TITLE          | Land Manager              | DATE          | <u>4/27/2026</u>    |
| Type or print name | <u>Jeff Walla</u>            | E-mail address | <u>Jeff.Walla@dvn.com</u> | Telephone No. | <u>405-552-8154</u> |

**For State Use Only:**

|              |                         |       |                             |      |                 |
|--------------|-------------------------|-------|-----------------------------|------|-----------------|
| APPROVED BY: | <u>Keith Dziokonski</u> | TITLE | Senior Petroleum Specialist | DATE | <u>5/4/2026</u> |
|--------------|-------------------------|-------|-----------------------------|------|-----------------|