

Submit One Copy To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 811 S. First St., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

NMOCD Rec'd: 9/25/2020

Form C-103

Revised November 3, 2011

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

WELL API NO. 30-015-29405
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <i>FEDERAL SURFACE</i>
7. Lease Name or Unit Agreement Name TODD 36 O STATE
8. Well Number 10
9. OGRID Number 6137
10. Pool name or Wildcat INGLE WELLS; DELAWARE

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  Gas Well  Other

2. Name of Operator  
DEVON ENERGY PRODUCTION CO LP

3. Address of Operator  
PO BOX 250, ARTESIA, NM 88211

4. Well Location  
Unit Letter O : 660 feet from the SOUTH line and 1980 feet from the EAST line  
Section 36 Township 23S Range 31E NMPM \_\_\_\_\_ County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3518' KB; 3506' GL

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		<input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A	

- All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.
  - Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.
  - A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.
  - The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.
  - Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.
  - If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.
  - All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)
  - All other environmental concerns have been addressed as per OCD rules.
  - Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.
  - If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure.
- When all work has been completed, return this form to the appropriate District office to schedule an inspection.

SIGNATURE *Denise Menoud* TITLE ADMIN FIELD SUPPORT DATE 9/23/2020

TYPE OR PRINT NAME Denise Menoud E-MAIL: denise.menoud@dvn.com PHONE: 575-746-5544

For State Use Only

APPROVED BY: *[Signature]* TITLE Staff Manager DATE 10/6/2020

Conditions of Approval (if any): \_\_\_\_\_  
 Devon - Internal