Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 Revised July 18, 2013		
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.		
<u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		30-025-42786		
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		STATE X FEE 6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM					
87505  SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLI	7. Lease Name or Unit Agr	reement Name			
PROPOSALS.)		CD – HOBB	8. Well Number 126H		
Type of Well: Oil Well     Name of Operator	Gas Well Other	1/4 0/2017	9. OGRID Number 6137		
Devon Ene	ergy rroduction co. Er	1/10/2017			
3. Address of Operator	heridan Ave OKC, OK 7310	ECEIVED	10. Pool name or Wildcat		
4. Well Location	heridan Ave OKC, OK /3102	2	Triple X; Bone Sprir	ıg (59900)	
	feet from the North		feet from the	East line	
Section 22		ange 33E	NMPM Lea County	11110	
22	11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3707'					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:					
				NG CASING 🗌	
TEMPORARILY ABANDON					
DOWNHOLE COMMINGLE					
CLOSED-LOOP SYSTEM					
OTHER:  OTHER:  OTHER:  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 location change due to AC concerns:					
BHL Change from 2632 FSL & 1133 FEL to 2602 FSL & 1283 FEL, both 27-23S-33E					
Please see attached revised C-102, Drilling Plan and Directional Plan					
Spud Date:	Rig Release D	ate:			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
- accept the control of the control					
SIGNATURE Rebecca	TITLE Regi	ılatory Analyst	DATE _10/2	23/2017	
		•			
Type or print name Rebecca Dea For State Use Only	<u>I</u> E-mail addres	ss: <u>rebecca.deal@c</u>	<u>ivn.com</u> PHONE: <u>40</u>	05-228-8429	
TOT STATE USE OBLY	ر رو ار رو	roleum Engina	er 11/	/27/2017	
APPROVED BY:	TITLE PE	roleum Engine	DATE		