

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> 2. Name of Operator Devon Energy Production Company LP 3. Address of Operator PO Box 250, Artesia NM 88211 4. Well Location Unit Letter <u>C</u> : <u>660</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>10</u> Township <u>16S</u> Range <u>35E</u> NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4015' GR		WELL API NO. 30-025-36108-00-00 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No. NMB10029 7. Lease Name or Unit Agreement Name Carlisle 8. Well Number 003 9. OGRID Number 169355 10. Pool name or Wildcat Townsend Mississippian
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: Letter of Violation Response ☒

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.

In response to the Letter of Violation dated 6/15/2015; Inspection number iMAW1516647547 New well sign has been installed. Photo attached.

Spud Date: 03/04/2003

Rig Release Date: 05/09/2003

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Corina Moya TITLE Field Admin Support DATE 7/7/2015

Type or print name Corina Moya E-mail address: corina.moya@dmn.com PHONE: 575-746-5559

For State Use Only

APPROVED BY: FOR RECORD ONLY TITLE MSSB DATE 7/9/2015

Conditions of Approval (if any):

JUL 13 2015