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	Form C-103 Revised July 18, 2013 WELL API NO. 30-025-30898 5. Indicate Type of Lease STATE FEE			
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.			
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	7. Lease Name or Unit Agreement Name Sharp Shooter 2 State			
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number 5			
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP.	9. OGRID Number 6137			
3. Address of Operator 333 WEST SHERIDAN AVENUE, OKC, OK 73102	10. Pool name or Wildcat YOUNG; BONE SPRING, NORTH			
4. Well Location Unit Letter P : 990 feet from the South line and 330 feet fro	m the East line			
Section 2 Township 18S Range 32E	NMPM Eddy, County New Mexico			
11. Elevation (Show whether DR, RKB, RT, GR, etc. 3884')			
12. Check Appropriate Box to Indicate Nature of Notice, I	Report or Other Data			

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL W	/ORK		ALTERING CASING
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE	DRILLING OPNS.		P AND A
PULL OR ALTER CASING		MULTIPLE COMPL		CASING/CEN	IENT JOB		
DOWNHOLE COMMINGLE							
CLOSED-LOOP SYSTEM							
OTHER:				OTHER:	Amendment		\boxtimes
13 Describe proposed or completed operations. (Clearly state all pertinent details and give pertinent dates including estimated date							

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 Production Company, LP respectfully requestS approval to amend the sundry submitted on 10/31/16 to shut-in well. It has been producing.

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

SIGNATURE Etie Workman				
SIGNATURE 7	FITLE	Regulatory Compliance Professional	DATE	11.21.16
Type or print name_Erin Workman_E-mail addres		Erin.workman@dvn.com	PHONE:	(405)552-7970
For State Use Only APPROVED BY:	TLE	to/II	DATE	123/2017
Conditions of Approval (if any):				