Submit 1 Copy To Appropriate District		E
Office	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 Revised July 18, 2013
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-025-44885
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505	STATE X FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Saina Fe, Nivi 87505	6. State Oil & Gas Lease No.
SUNDRY NOTI	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)		OUTLAND 11 2 STATE
1. Type of Well: Oil Well 🗴 Gas Well 🗌 Other		8. Well Number 1BS
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP		9. OGRID Number 6137
3. Address of Operator		10. Pool name or Wildcat
	ridan Ave. OKC, OK 73102	GRAMA RIDGE;BONE SPRING, NORTH
4. Well Location		
	255feet from theline and6	
Section 11	Township 21S Range 34E	NMPM County Lea
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 3706'	.)
12. Check A	Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF IN PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WOR	BSEQUENT REPORT OF:
	\equiv	
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	
CLOSED-LOOP SYSTEM		
OTHER: APD Extension	OTHER:	
	leted operations. (Clearly state all pertinent details, an ork). SEE RULE 19.15.7.14 NMAC. For Multiple Co	
proposed completion or rec		impletions. Attach wendore diagram of
Devon Energy Production C extended to 6/8/2022.	co., L.P. respectfully requests an APD extension for tw	o years - original expiration 6/8/2020
CAUNAUU 10 0/0/2022.		
API	D EXPIRES 06/08/2021	
MAXIMUM OF ONE 1		
YEAR EXTENSION		
I LAR LAI LINSION		
Spud Date:	Rig Release Date:	
I hereby certify that the information	above is true and complete to the best of my knowledg	te and balief
Thereby certify that the information	above is true and complete to the best of my knowledg	
SIGNATURE Reputer	TITLE_Regulatory Analyst	DATE4/1/2020
Type or print name <u>Rebecca Deal</u>	E mail addresses	PHONE: 405-228-8429
For State Use Only	E-mail address: rebecca.deal@dv	vn.com FIIONE. <u>105-220-0129</u>
Pape		DATE 04/20/2020
APPROVED BY:	TITLE	DATE04/20/2020
Conditions of Approval (II any		

Spud	Date:
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