| Submit 1 Copy To Appropriate District Office   | State of New Mexico  | Form C-103                           |
|--|--|--------------------------------------|
| <u>District I</u> – (575) 393-6161   | Energy, Minerals and Natural Resources                                   | Revised July 18, 2013                |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II – (575) 748-1283  |  | WELL API NO.<br>30-025- 34810        |
| 811 S. First St., Artesia, NM 88210  | OIL CONSERVATION DIVISION  | 5. Indicate Type of Lease            |
| <u>District III</u> – (505) 334-6178<br>1000 Rio Brazos Rd., Aztec, NM 87410   | 1220 South St. Francis Dr.   | STATE FEE                            |
| <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM   | Santa Fe, NM 87505   | 6. State Oil & Gas Lease No.         |
| 87505  |  |                                      |
|  | ICES AND REPORTS ON WELLS  SSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | 7. Lease Name or Unit Agreement Name |
| DIFFERENT RESERVOIR. USE "APPLI  | CATION FOR PERMIT" (FORM C-101) FOR SUCH                                 | TOMCAT 16 STATE                      |
| PROPOSALS.)  1. Type of Well: Oil Well   | Gas Well Other   | 8. Well Number                       |
|  | das well Other   | 4                                    |
| 2. Name of Operator  | ON ENERGY PRODUCTION COMPANY, LP.  | 9. OGRID Number<br>6137              |
| 3. Address of Operator   | JN ENERGI FRODUCTION COMPANT, LF.  | 10. Pool name or Wildcat             |
|  | EST SHERIDAN AVENUE, OKC, OK 73102                                       | DIAMONDTAIL; DELAWARE, SW            |
| 4. Well Location   |  |                                      |
| Unit Letter M: 165   | 0 feet from the <u>NORTH</u> line and <u>460</u>                         | feet from theWESTline                |
| Section 16   | Township 23S Range 32E   |                                      |
|  | 11. Elevation (Show whether DR, RKB, RT, GR                              | R, etc.)                             |
|  | 3654'  |                                      |
| 12 Charle  | Appropriate Box to Indicate Nature of Not                                | tica Papart or Other Date            |
| 12. Check i  | Appropriate Box to indicate ivalure of ivol                              | nice, Report of Other Data           |
|  |  | SUBSEQUENT REPORT OF:                |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON REMEDIAL \  |                                      |
| TEMPORARILY ABANDON  |  | E DRILLING OPNS. P AND A             |
| PULL OR ALTER CASING DOWNHOLE COMMINGLE  | MULTIPLE COMPL CASING/CE   | MENT JOB                             |
| CLOSED-LOOP SYSTEM   |  |                                      |
| OTHER:   |  | ELL STATUS CHANGE                    |
| 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.                              |  |                                      |
| proposed completion of recompletion.   |  |                                      |
|  |  |                                      |
|  | 00.71 - TEMPORARY SHUT-IN OF OIL W                                       |                                      |
| IN THE PRICE OF OIL - Devon Energy Production Company, LP respectfully requests to have a well status change for the subject well, from shut-in to producing effective 06/16/20. |  |                                      |
| change for the subject wen, from shut-in to producing effective 00/10/20.  |  |                                      |
| PRODUCTION VOLU  | IMES: 2 BOPD, 9 MCFPD, & 3 BWPD  |                                      |
|  | ,  |                                      |
|  |  |                                      |
|  |  |                                      |
| I hereby certify that the information  | above is true and complete to the best of my know                        | vledge and belief.                   |
|  |  |                                      |
| grie W   | TITLE Regulatory Co  |                                      |
| SIGNATURE  | TITLE Regulatory Co  | empliance Analyst DATE 08.03.20      |
|  | E-mail address: Erin,workman@dv  |                                      |
| For State Use Only   |  | 1101,21 (100)002 17/10               |
| ·  |  | 2017                                 |
| APPROVED BY:Conditions of Approval (if any):   | TITLE  | DATE                                 |
| Conditions of Approval (II ally):  |  |                                      |