Office State of New Mexico	Form C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 HOBBS OCU 1220 South St. Francis Dr	30-025-40676
	5. Indicate Type of Lease STATE S FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NMAR 1 2 2013	VB-1478, VB-1499
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS) DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	Ironhouse 19 State Com
1. Type of Well: Oil Well Gas Well Other	8. Well Number
	1H '
2. Name of Operator	9. OGRID Number
Devon Energy Production Company, L.P. 3. Address of Operator	6137 10. Pool name or Wildcat
333 W. Sheridan, Oklahoma City, OK 73102	WC-025-G065183518A- Bone Spring
4. Well Location	We day good to store being opining
Unit Letter N; 200 feet from the South line and 1800 feet from the	West line
	NMPM Lea, County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3951.6'	
3931.0	
12. Charle Amusemista Day to Indicate Nature of Nation	Daniel an Otlan Data
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR	
TEMPORARILY ABANDON	
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMENT	T JOB
DOWNHOLE COMMINGLE	
OTHER: Flaring Extension 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 Production Company, LP respectfully requests to flare the Ironhouse 19 State Com 1H as per the attached	
C-129.	
Attachments: C-129	
Attucinicate. © 127	
I hereby certify that the information above is true and complete to the best of my knowledge	e and haliaf
r hereby certify that the information above is true and complete to the best of my knowledge	e and bener.
(n. 1) a 1. a	
SIGNATURE: Signature: TITLE: Regulatory Compliance Association	ciate DATE: <u>03/11/13</u>
Type or print name: <u>Erin Workman</u> E-mail address: <u>Erin.workman@dvn.com</u>	PHONE: 405-552-7970
For State Use Only	
Elle netas	7/2 2012
APPROVED BY: TITLE SET MAN	DATE 13-60/3
Conditions of Approval (if any):	DATE 3-2013 MAR 1 4 2013
, <i>v</i>	MAR 1 4 LUIS