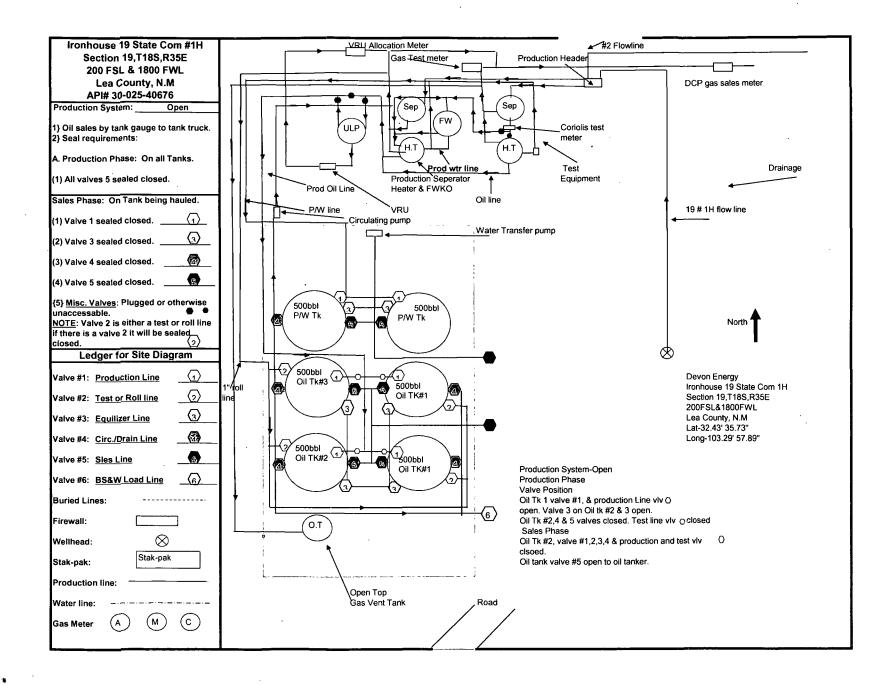
 Submital Copy To Appropriate District Office 	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240	A. Th.	WELL API NO. 30-025-40676
1301 W. Grand Ave., Artesia, NM 88210B	BS OOIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1220 South St. Francis Dr.		STATE STEE STATE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV MAR 1 5 2013 Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		
SUNDRY NOTIGES 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		M M
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		Ironhouse State Com
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		8. Well Number 1H
2. Name of Operator		9. OGRID Number
DEVON ENERGY PRODUCTION CO. LP		6137
3. Address of Operator		10. Pool name or Wildcat
PO BOX 250, ARTESIA, NM 88211		Bone Springs
4. Well Location 200		
Unit Letter: N; 300 feet from the SOUTH line and 1800 feet from the WEST line		
Section 19 Township 18S Range 35E NMPM LEA County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3951.6' GL		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P-AND A		
PULL OR ALTER CASING		
DOWNHOLE COMMINGLE		
OTHER:	other:	d last Unit
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 CO., LP RESPECTFULLY REQUESTS PERMISSION TO INSTALL A 3" TRUCK LACT AT		
THE IRONHOUSE STATE COM 1H BATTERY. THIS BATTERY IS LOCATED IN SECTION 19, T18S, R32E OF LEA COUNTY,		
NM.		
ATTACHED IS THE NEW FACILITY DIAGRAM. THE LACT UNIT SERIAL NUMBER WILL BE SUBMITTED ONCE IT HAS		
BEEN PUT INTO OPERATION.		
DEEN OF INTO OF ENTRIEN		
•		
Spud Date:	Rig Release Date:	
Space Date.	Mig Rolease Date.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
A A A A A A A A A A A A A A A A A A A		
Mysalla 10 Konton an H		
SIGNATURE		
DATE: (3-14-13)		
The anniet same CRACIELA C. DUCTAMANTE E mail address Creais Bustomant Colon as an DUONE 575 746 5561		
Type or print name: GRACIELA C. BUSTAMANTE E-mail address: Gracie.Bustamante@dvn.com PHONE: 575-746-5561 For State Use Only		
APPROVED BY / Francisco TITLE DIST MAY DATES-19-2013		
APPROVED BY: DATES-19-2013 Conditions of Approval (if any): MAR 19 2013		
		MAR 19 2013
		TIVI O



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