HOBBSOCD				
Submit One Copy To Appropriate District Office District I JUN 02 2014 Energy, Minerals and Natural Resources	Form C-103 Revised November 3, 2011			
1625 N. French Dr., Hobbs, NM 88240	WELL API NO. 30-025-39808			
District III 811 S. First St., Artesia, NM 88210 District III 220 South St. Francis Dr.	5. Indicate Type of Lease			
District IVT220 South St. Francis DI.District IVSanta Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.			
1220 S. 5. Francis Dr., Santa Fe, NM 87505	o. State office Cas 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 BLACK MAMBA 15 STATE			
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number #1			
2. Name of Operator	9. OGRID Number			
DEVON ENERGY PRODUCTION CO LP' 3. Address of Operator	6137 10. Pool name or Wildcat			
PO BOX 250, ARTESIA, NM 88211	WILDCAT; WOLFCAMP GAS			
4. Well Location	FAST 1%			
Unit Letter J: <u>1700</u> feet from the <u>SOUTH</u> line and 1840 feet from the Section <u>15</u> Township <u>23S</u> Range <u>33E</u> NMPM County <u>LEA</u>	EAST Ane			
11. Elevation (Show whether DR, RKB, RT, GR, etc. 3716' GL				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other I	Data			
E-PERMITTING PM SUBSEQUENT REPORT OF:				
PERFORM E-PERMITTING P&A R N SUBSEQUENT REPORT OF: TEMPORAF P&A NR P&A R N REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS P AND A I COMMENCE DRILLING OPNS P AND A I				
PULL OR ALINI TO PAR CHG LOC CASING/CEMEN				
CSNG CINCLOS	n is ready for OCD inspection after P&A			
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.				
 Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the 				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE, All INFORMATION HAS BEEN WELDED OR				
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.	<u>ON HAS BEEN WELDED OK</u>			
The location has been leveled as nearly as possible to original ground contour and has	been cleared of all junk, trash, flow lines and			
other production equipment.				
 Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with 				
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, pro from lease and well location.				
All metal bolts and other materials have been removed. Portable bases have been rem	oved. (Poured onsite concrete bases do not have			
to be removed.) All other environmental concerns have been addressed as per OCD rules.				
Dipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC	C. All fluids have been removed from non-			
retrieved flow lines and pipelines. If this is a one-well lease or last remaining well on lease: all electrical service poles as	nd lines have been removed from lease and well			
location, except for utility's distribution infrastructure.				
When all work has been completed, return this form to the appropriate District office to sc	hedule an inspection.			
SIGNATURE AMUNICATION TITLE ADMIN FIELD	SUPPORTDATE5/28/2014			
	n.com PHONE: _575-746-5544			
APPROVED BY: MARKAN TITLE Compliance	Officer DATE 7/1/2014			

JUL 0 2 2014

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Conditions	of	Approval	(if any):	