Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM			Revised July 18, 2013 WELL API NO.
			30-025-34549
			5. Indicate Type of Lease STATE FEE FEE.
			6. State Oil & Gas Lease No.
87505 SUNDRY NOTICES 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			Maljamar 15 Fede (a)
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 1
2. Name of Operator			9. OGRID Number
DEVON ENERGY PRODUCTION COMPANY, LP.			6137 10. Pool name or Wildcat
3. Address of Operator 333 WEST SHERIDAN AVENUE, OKC, OK 73102		97782 Black River; Upper Penn Gas	
4. Well Location			44500 MALIAMAR; YESO, WEST
NO CONTRACTOR CONTRACT			_feet from the East line
Section 15		ange 32E	NMPM Eddy, County New Mexico
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4074'			
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 WOR			
TEMPORARILY ABANDON			LLING OPNS. ☐ P AND A ☐
			T JOB
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM			
OTHER: Shuln		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 approval to shut-in the Maljamar 15 Fed 1 for 4 months per Operators letter of agreement with Concho.			
months per operators letter of agreement with concho.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
-	is true and complete to the c	est of my knowledge	
SIGNATURE			
SIGNATURE OF CO.	TITLE Regula	tory Compliance A	nalyst_DATE01.25.17
Type or print name Erin Workman	E-mail address: Erin.	workman@dvn.com	PHONE: (405)552-7970
For State Use Only			
APPROVED BY:	CUD THEFT		DATE
Conditions of Approval (if any):	APPROVAL BY DE	2.5	DATE
11	APPROVAL BY BI	JVI	

Accepted for Record Only